1195 Third Street, Suite 310



A Tradition of Stewardship A Commitment to Service

Main: (707) 253-4580

Napa, CA 94559 www.countyofnapa.org

> Neha Hoskins Clerk of the Board

September 18, 2023

John Pearson
Napa, CA 94558
Via:

Re: Napa County Commission on Aging

Dear John:

You have been a valued member of the **Napa County Commission on Aging** representing Organization Concerned w/Older Adults The term of your position will expire September 30, 2023. If you wish to request reappointment for another 2-year term, please check the following box:

Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the **Napa County Commission on Aging** for the term commencing immediately and expiring September 30, 2025.

If you have chosen to request reappointment, please check <u>one</u> of the two boxes below regarding your last application.

✓ I confirm that all the information on my last application is current.

Some of the information on my last application is no longer current or is five (5) years old or older. I will submit a new or revised application.

(To complete a new application form either contact the Napa County Executive Office <u>or</u> go to the following link to complete your application online:

https://www.countyofnapa.org/1420/Committees-Commissions

After checking the appropriate box, sign and date on the lines below and return this letter to the County Executive Office by mail, email, or fax.

SIGNATURE

9-30-2023

Application for Appointment to Board, Commission, Committee, Task Force or Position

Submit Date: Sep 15, 2023

Applicants appointed by the Board of Supervisors will be required to take an oath of office. All applications will be kept on file for one year from the date of application.

Public Records Act

Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is not regarded as confidential except for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

Form 700 Conflict of Interest Code

California Fair Political Practices Website

Please note that appointees may be required by state law and county conflict of interest code to file financial disclosure statements.

Which Boards would yo	ou like to apply for	?		
Napa County Commission	on Aging: Submitted			
Category of Membershi	p for Which You A	re Applying		
Member				
Profile				
John		Pearson		
First Name	Middle Initial	Last Name		
Email Address				
Home Address			Suite or Apt	
Napa			<u>CA</u>	94558
City			State	Postal Code
Which supervisorial dis	strict do you reside	in? *		
District 4				
To find your supervisorial	district an to https:/	/www.countyofnan	a org/2051/Find-m	v-supervisor-and-
district and enter your ad		www.codinyomap	<u>a.org/2001/1111a11</u>	iy supervisor and
•				
Primary Phone				

Retired	Retired	Retired
Employer	Job Title	Occupation
Education/Experience		
County Director of Corrections; Nar	pa County Director of tal Health Board; Loye	elopment, Sonoma State Employment: Napa Criminal Justice Planning Volunteer: Napa Youth d Wolfe Juvenile Justice Network (Wolfe Center);
Name and occupation of spous Interest purposes)	se within the last 12	2 months, if married. (For conflict of
N/A		
Resume		
Upload a Resume	-	
Letter of Recommendation or Supplemental Attachments	-	
Professional or occupational li	cense, date of issu	e, and expiration including status
References: Provide names an background.	d phone numbers	of 3 individuals who are familiar with your
Nancy Watt, Gasser Foundation, Retired Napa Business Owner	Michael	Stacel, friend, Sandi Perlman,
Community Participation		
Please explain your reasons fo could contribute.	r wishing to serve	and, in your opinion, how you feel you
sorting through the myriad of optior	ns for living at home s g, assisted living, nurs	g the elderly and the aging population. Including afely for a long as possible, and others including ing and memory care. Additionally, as the result sted living at Watermark in Napa.
Nature of activity and commun	ity location	
See Education and Experience		
Other County Board/Commissi	on/Committee on \	Which You Serve/Have Served

Napa County Mental Health Board

Public Actions that may impact Credit Rating (List all court or other public administration actions impacting your credit rating within the past ten (10) years)
None
Electronic Signature Agreement
meet the criteria required to serve in this position.
⊙ Yes ⊂ No
declare under penalty of perjury that the foregoing is true and correct.
⊙ Yes ○ No
Please Agree with the Following Statement
By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.
▼ I Agree
Electronic Signature (First M. Last)
John Pearson
Date
September 15, 2023