

---

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

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 you like to apply for?**

Napa County Commission on Aging: Submitted

**Category of Membership for Which You Are Applying**

Commission member

---

**Profile**

Carol

First Name

M

Middle  
Initial

Whichard

Last Name

[REDACTED]

Email Address

[REDACTED]

Home Address

Suite or Apt

Napa

City

CA

State

94559

Postal Code

**Which supervisorial district do you reside in? \***

☒ District 1

To find your supervisorial district go to <https://www.countyofnapa.org/1334/About-the-Board>, click on "Look Up My District" and enter your address.

[REDACTED]

Primary Phone

Carol M Whichard

Retired

Employer

Retired

Job Title

Retired

Occupation

## Education/Experience

---

**Name and occupation of spouse within the last 12 months, if married. (For conflict of Interest purposes)**

---

---

## Resume

Upload a Resume

Letter of Recommendation or Supplemental Attachments

**Professional or occupational license, date of issue, and expiration including status**

---

**References: Provide names and phone numbers of 3 individuals who are familiar with your background.**

---

---

## Community Participation

**Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute.**

---

I'm active in the community and am a single, senior woman. I'd like to explore aging in a community I've lived in for over 50 years.

**Nature of activity and community location**

---

**Other County Board/Commission/Committee on Which You Serve/Have Served**

---

**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)**

---

---

## Electronic Signature Agreement

Carol M Whichard

**I meet the criteria required to serve in this position.**

---

☒ Yes ☐ No

**I 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)**

---

Carol M Whichard

**Date**

---

8/6/2025