



A Tradition of Stewardship
A Commitment to Service

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4580

Neha Hoskins
Clerk of the Board

December 1, 2022

Catalina Chávez-Tapia

Napa CA 94558

Re: Napa County Advisory Board on Alcohol and Drug Programs

Dear Ms. Chavéz-Tapia:

The term of your position representing **Interested Citizen** on the **Napa County Advisory Board on Alcohol and Drug Programs** will expire on January 1, 2023.

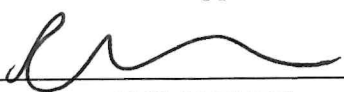
If you wish to request reappointment, please check the appropriate boxes below, sign where indicated, and return this letter to the County Executive Office. When the letter has been returned, your name will be forwarded to the Board of Supervisors for consideration for reappointment to another three-year term, as you have been a valued member of the **Napa County Advisory Board on Alcohol and Drug Programs**.

If any of the information on your last application for appointment has changed or is 5 years old or older, please contact the Napa County Executive Office to obtain a new application and return the new application with your reappointment request or go to the following link to complete your application online: [Link to Napa County Committees and Commissions page](#).

☒ Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the **Napa County Advisory Board on Alcohol and Drug Programs** for the term commencing immediately and expiring January 1, 2026.

☐ I confirm by signing below that all the information on my last application is current; or

☒ Some of the information on my last application is no longer correct or is five (5) years old or older. A new application is attached.


SIGNATURE

1/10/23
DATE

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?

None Selected

The Advisory Board on Drug and Alcohol

Category of Membership for Which You Are Applying

Profile

Catalina

First Name

Chavez-Tapia

Middle Initial

Last Name

[Redacted Address Line 1]

[Redacted Address Line 2]

Suite or Apt

Napa

City

CA

State

94558

Postal Code

Which supervisorial district do you reside in? *

~~None Selected~~

Interested District 3

To find your supervisorial district go to <https://www.countyofnapa.org/2051/Find-my-supervisor-and-district> and enter your address.

[Redacted Address Line]

Parents CAN

Employer

Educator

Job Title

Instructor

Occupation

Education/Experience

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

Ernesto Tapia - Engineer

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.

Frances Ortiz-Chavez 104 Homewood Ave. Napa
Marlena Garcia
Maria Teresa Lopez

Community Participation

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

I want to volunteer my time and experience to serve and work for my Napa community

Nature of activity and community location

Advisory Board on Alcohol and Drugs

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

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)



Date

1/10/2023