Submitted values are:

Advisory Council Application

Name

Cathleen Wagner

Date of Birth

Street Address (Home)

City

Napa

State

CA

Zip Code

94558

Cell Phone

Personal Email

Business Email

cmwagner860@gmail.com

Please indicate which county you are applying to represent:

Napa County

Please indicate your membership preference:

No Preference

Please indicate your race and ethnicity:

White

Memberships in other organizations or committees or other community participation (list name and address and nature of organization/committee or community participation):

I currently am in the presidency of our Church's women's group. We have approximately 500 women in our congregation. I work with three other women and our duties consist of helping to provide any relief that these women might need with regards to spiritual and physical needs. During covid I spent hours working in the food bank and administering vaccines in the community. I volunteer in the community (when asked) at various events. Most recently I unboxed items for placement in the Adobe housing units. I also volunteer at a young women's camp each summer for a week and either lead hikes or serve as the camp nurse.

Please provide a brief description of your employment and educational history (you can also upload your resume or CV)

I earned both my AS and BS from Brigham Young University (1978) and am currently retired from working at Kaiser Permanente as a Hospice RN. I worked for 15 years as a Hospice RN, previous to that I worked in the GI setting in special procedures and before that I worked in a private physician's office in the Napa community. Prior to that I worked pediatrics, med/surg, and the Intensive care units.

Name

Peggy Smith

Relationship

Friend and co-worker

Phone Number

Name

Kelly Cottrell

Relationship

Friend and co-worker

Phone Number

Name

Virginia Oveson

Relationship

Friend

Phone Number

Why do you want to serve on the Advisory Council?

Offer any input that I might have concerning the needs of the Napa-Solano communities that I know from my experience as a public health/hospice nurse.

Applicant's Signature