## 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 In-Home Supportive Services (IHSS) Advisory Committee: Submitted

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

Napa county commission on aging

Profile				
Barbara First Name	 Middle Initial	Wiggins Last Name		
Email Address				
Home Address			Suite or Apt	
Napa			CA State	94559 Postal Code
Which supervisorial dis	strict do you	reside in? *		

## District 1

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

Primary Phon	e	

# Barbara J Wiggins

Retired	
Employer	

NA Occupation

#### Education/Experience

Napa High School Napa Jr College Owner of The Mustard Seed Clothing Co

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

#### Resume

#### COMMISSION\_ON\_AGING.pdf

Upload a Resume

Letter Of Recommendation for Barbara Wiggins.pdf

Letter of Recommendation or Supplemental Attachments

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

NA

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

Jill Techel Dorothy Salmon Lauren Ackerman

### **Community Participation**

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

It is my desire to help the commission discover and oversee solutions to ensure that our aging population has our admiration and compassion and to help them seek the quality of life they deserve.

#### Nature of activity and community location

SEE BELOW

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

Napa Downtown Association Board Member, 3 years Past president of the Napa Downtown Association, 1 year Chairman of Downtown Napa annual Christmas parade 2004-2006 Grand Marshall of Christmas parade 2011 Citizen of the year 2015 Produced 30 years of Fashion Shows for Day for the Queen Queen of the Valley Foundation President's Award 2000 Produced fashion shows for Cope Family Services, Fund Raiser Produced fashions shows at the Meadows for senior residents. 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)

NA

## **Electronic Signature Agreement**

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)** 

Barbara Wiggins

Date

3/6/2024