
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 Solano Agency on Aging Advisory Council: Submitted

Category of Membership for Which You Are Applying

Napa County Representative

Profile

Linda

First Name

Giglio

Middle
Initial

Last Name

[REDACTED]

Email Address

[REDACTED]

Home Address

[REDACTED]

Suite or Apt

Calistoga

City

CA

State

94515

Postal Code

Which supervisorial district do you reside in? *

☒ District 3

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

N/A

Employer

N/A

Job Title

N/A

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.

Anne House: [REDACTED]; Brenda Carlson: [REDACTED]; Lawrence Chyall: [REDACTED]

Community Participation

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

I've worked with the elderly for many years and now I guess I am one! I believe that my 31 years as a hospice volunteer would provide unique insight into issues related to aging. As a volunteer, I've been in and out of many facilities including hospitals, board & care, memory care, life care communities and the Veteran's Home

Nature of activity and community location

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

I have been a volunteer with Providence Hospice (formerly Napa Valley Hospice and Collabria Hospice) since 1994.

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 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)

Linda Giglio

Date

6/12/2025