



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

June 14, 2024

Susan Ensey

[Redacted]
Napa, CA 94558
[Redacted]

Re: **Napa/Solano Area Agency on Aging Advisory Council**

Dear Susan:

You have been a valued member of the **Napa/Solano Area Agency on Aging Advisory Council** representing **Napa County**. The term of your position expires on June 30, 2024. If you wish to request reappointment for a 2-year term, please check the following box:

Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Mental Health Board for the term commencing immediately and expiring June 30, 2026.

If you have chosen to request reappointment, please check **one** of the two boxes below regarding your last application:

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- I confirm that all the information on my last application is current.
- Some of the information on my last application is no longer current or is five (5) years old or older. I will submit a new or revised application.

(To complete a new application form either contact the Napa County Executive Office or go to the following link to complete your application online:

<http://ca-napacounty.civicplus.com/1420/Committees-Commissions>

After checking the appropriate boxes, sign and date on the lines below and return this letter to the County Executive Office by mail or email no **later than Friday, June 28, 2024**.

Susan H Ensey
SIGNATURE

8-1-24
DATE

COUNTY EXECUTIVE OFFICE
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Residence Address: [REDACTED]

Business Address: _____

Phone Numbers: Home: _____ Business: _____

Mobile: [REDACTED] E-mail Address: [REDACTED]

Supervisorial District in which you reside: 1 2 3 4 5

The following links can be used as a reference for Supervisorial District information:

Solano County:

http://www.solanocounty.com/depts/rov/district_maps_and_lookup/districtlookup.asp

Napa County (select "My District" from the link below):

<https://www.countyofnapa.org/2116/Board-of-Supervisors>

The Advisory Council meets monthly on the first Tuesday of the month. Meetings are held from 10:00 am – 12:00 noon. Meeting locations are in Napa and Solano Counties. Members may be asked to attend quarterly meetings of the AAA Oversight Board and monthly subcommittee meetings. Please indicate any obstacles you may have with regard to meeting attendance (example: "I am not able to meet on Mondays or Wednesdays"):

No obstacles to attendance as I am retired and dedicated to serving older adults.

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

Board of Directors and volunteer with Molly's Angels at 433 Soscol Avenue, Napa.

Member CVNL (Center for Volunteer and Nonprofit Leadership Napa, 433 Soscol Avenue, Napa.

Previous member of NCASE (Napa County Alliance for Senior Education,) Napa Valley College.

Please provide a brief description of your employment and educational history (resume or CV may be attached):

Career of 40+ years in senior level and management responsibilities in Human Resources and Staffing for major corporations. Most recently my work was in Recruitment and Talent Acquisition for technology companies in the Bay Area.

Education includes a Bachelors and Masters in Psychology, and graduate level courses in Business.

References (list 3):

Name	Relationship	Phone Number
<i>Fran Rosenberg</i>	<i>Colleague</i>	[REDACTED]
<i>Fern Yaffa</i>	<i>Colleague</i>	[REDACTED]
<i>Elaine Clark</i>	<i>Exec Dir AAA</i>	[REDACTED]
Name	Relationship	Phone Number

Why do you want to serve on the Advisory Council?: _____

I am interested and committed to volunteering and serving activities that assist older adults.

I believe my skills and abilities are helpful and needed and ope to make significant contributions to the Advisory Council.

Napa Applicants: please list all court or other public administration actions impacting your credit rating within the past 10 years: *None*

Applicant signature: *[Signature]* Date: *7-6-24*