

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 Commission on Aging: Submitted

Category of Membership for Which You Are Applying

commission committe

Profile

Marie Paz

B

Maurer

First Name

Middle Initial

Last Name

Email Address

Home Address

Suite or Apt

Napa

CA

94558

City

State

Postal Code

Which supervisorial district do you reside in? \*

☒ District 4

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

Primary Phone

Kaiser Permanente

Employer

Registered Nurse

Job Title

Registered Nurse

Occupation

## Education/Experience

Bachelor of Science in Nursing (1988) San Francisco State University (SFSU) Masters of Science in Nursing (1993) SFSU (focus on case management of geriatrics) Worked as a Registered Nurse since 1988 in different patient care setting (in-patient hospital setting (medical-surgical, telemetry, ICU) clinic setting (HIV, community), faculty at several RN college programs in the bay area. Currently works as an Adult/Family Medicine Clinic Nurse in Napa.

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

Chiropractor

## Resume

Upload a Resume

Letter of Recommendation or Supplemental Attachments

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

RN License; date of issue 1988, expires 5/31/2024

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

Anne McCaffrey [REDACTED] Maura Sparks [REDACTED] Mellinda Clemett ([REDACTED])

## Community Participation

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

Having worked as an RN for the past 36 years, the majority of my work experience has been caring for and interacting with the geriatric population. Thus, my masters degree in nursing, which focused on gerontology, case management, proved very useful and beneficial to my career. I can contribute to the Napa County Commission on Aging based on my experience on the health (both mental and physical), societal and financial needs of the elderly population.

## Nature of activity and community location

St. Mary's Episcopal Church: Vestry member, lead of the Invite-Welcome-Connect Ministry.

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

na

**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

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**Electronic Signature Agreement**

**I meet the criteria required to serve in this position.**

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☒ Yes ☐ No

**I declare under penalty of perjury that the foregoing is true and correct.**

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☒ Yes ☐ No

**Please Agree with the Following Statement**

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**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.**

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☒ I Agree

**Electronic Signature (First M. Last)**

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Marie Paz B. Maurer

**Date**

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1/26/2024