



A Tradition of Stewardship
A Commitment to Service

NAPA / SOLANO AREA AGENCY ON AGING

275 Beck Avenue, Fairfield, CA 94533



Application for Membership on Napa/Solano Area Agency on Aging Advisory Council
(Feel free to attach a resume or curriculum vitae (CV))

Federal and State laws mandate the composition of the Area Agency on Aging (AAA) Advisory Council. The application questions are designed to ensure the legal composition of the Advisory Council.

Name: Cathy Khan

Date of Birth: [REDACTED]
Month Date Year

Please indicate which county you are applying to represent:

- Napa County Solano County

Please indicate your membership preference:

- Primary Representative Alternate Representative No Preference

Please indicate the category for which you are applying and your category affiliation (if applicable):

- Representatives of older individuals
 Representative of health care provider organizations, including providers of veterans' health care

Health care organization affiliation: _____

- Representatives of supportive services provider organizations.

Supportive Services organization affiliation: _____

- Persons with leadership experience in the private and voluntary sectors.

Leadership experience (resume or CV may be attached): _____

- Local elected officials

Elected position: _____

Term of Office: _____

Term Start Date

Term End Date

- Family caregiver representative

- The general public.

Please indicate your race and ethnicity:

- White Hispanic Asian Black

- Native Hawaiian/Pacific Islander American Indian Other: _____

Residence Address: [Redacted]

Business Address: [Redacted]

Phone Numbers: Home: [Redacted] Business: [Redacted]

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"):

n/a

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

See Attached

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

References (list 3):

<u>Laura Rios</u> Name	<u>Friend</u> Relationship	[Redacted]
<u>Gary Roche</u> Name	<u>Prior Supervisor/Friend</u> Relationship	[Redacted]
<u>Suzanne Blum</u> Name	<u>Prior Colleague/Friend</u> Relationship	[Redacted] Phone Number

Why do you want to serve on the Advisory Council?: To support the AAA Board and provide a voice for the impacted citizens

Napa Applicants: please list all court or other public administration actions impacting your credit rating within the past 10 years: n/a

Applicant signature: Cathy Khan Date: 06/29/2023

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It is the mission of Older and Disabled Adult Services to provide access to services and resources that sustain health and well-being, support independent lifestyles, and promote physical safety and emotional security for older and disabled adults and children in Solano County.

From: Napa/Solano Area Agency on Aging <noreply@aaans.org>
Sent: Monday, April 29, 2024 11:11 AM
To: Clark, Elaine <EClark@SolanoCounty.com>
Subject: Webform submission from: Advisory Council Application

Submitted on Wed, 04/24/2024 - 1:10pm

Submitted by: Anonymous

Submitted values are:

Advisory Council Application

Name
Sandra



Street Address (Home)
[Redacted]

City
Vallejo

State
Ca

Zip Code
94590

Cell Phone
[Redacted]

Personal Email
[Redacted]

Please indicate which county you are applying to represent:
Solano County

Please indicate your membership preference:
Alternate Representative

Please indicate the category for which you are applying and your category affiliation (if applicable):
Persons with leadership experience in the private and voluntary sectors.

Leadership Experience
Managed corporate environmental services department, and was a principal at environmental consulting company in the private sector. Served 3 terms on the Solano County Civil Grand Jury, and chaired committees on each term.

Please indicate your race and ethnicity:
White

Supervisorial District in which you reside
2

Please indicate any obstacles you may have with regard to meeting attendance (example: "I am not able to meet on Mondays or Wednesdays"):
None

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

Bachelor of Arts- Chemistry; University of Missouri: Master of Science- Analytical Chemistry; University of Missouri: Master of Science- Environmental Management, University of San Francisco.

Started my career as a District Marketing Representative for Pacific Gas & Electric Co. Then worked at C&H Sugar as Analytical Services Lab Supervisor, then as Director of Environmental Affairs for both C&H and its parent Company, Alexander & Baldwin. Next, was Associate Vice-President Environmental Services at Catellus Development Corporation. Ended my career as a principal in an Environmental Consulting firm.

Name

Carolyn Huestis

Relationship

Friend/former co-worker

Phone Number

Name

Hillery Trippe

Relationship

Friend/former co-worker

Phone Number

Name

Richard White

Relationship

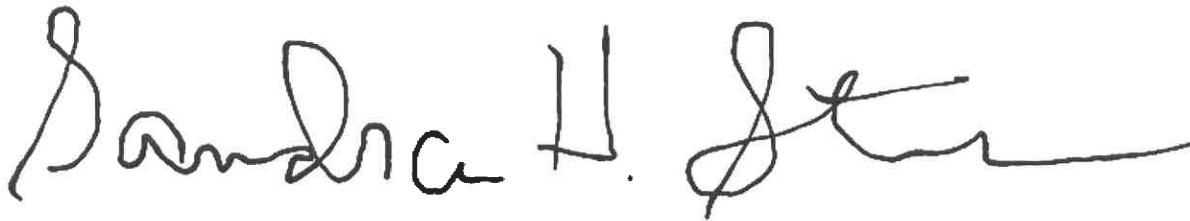
Served with on Civil Grand Jury

Phone Number

Why do you want to serve on the Advisory Council?

I would like to be involved in understanding and participating in issues influencing aging in Solano County. I believe that I could apply my knowledge and experience gained as I have aged as to pay back my community.

Applicant's Signature



Name

Sandra H. Stevens

Date

April 24, 2024

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