



SOLANO COUNTY BOARD OF SUPERVISORS
675 Texas Street, Suite 6500, Fairfield, CA 94533

Application for Membership on Advisory Board, Council, Committee or Commission
(Feel free to attach additional information, resume, biography, etc)

APPLICATION FOR MEMBERSHIP ON: ADAP Board
(Name of Board, Council, Committee or Commission)

IF THIS BOARD, COUNCIL, COMMITTEE OR COMMISSION CALLS FOR A SPECIFIC TYPE OF MEMBER, PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING: _____

NAME: Margaret Buckley

RESIDENCE ADDRESS: [REDACTED], Benicia, CA 94510

BUSINESS ADDRESS: PO Box 1964, Benicia, CA 94510

PHONE NUMBERS: (HOME) [REDACTED] (BUSINESS) 707-803-7400

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE (please check one): 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐

WILL YOU BE AVAILABLE TO ATTEND BOARD/COUNCIL/COMMITTEE/COMMISSION MEETINGS REGULARLY: Yes

MEMBERSHIPS IN OTHER ORGANIZATIONS (list name and address): _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR EMPLOYMENT & EDUCATIONAL HISTORY (Resume may be attached):

I currently work with the Social Security Admin. At the Office of Hearing Operations
I also have my own legal document preparation business , I have been registered with
the county of Solano reg# 15-0001 since Jan 2015 . I am a certified Paralegal

REFERENCES (list 3-5): Andrew Minor, Esq. 925-980-8772

Lee Bowen, ADAP Bd member 707-319-1926

Douglas Housman, Esq. 925-932-0893

AS A MEMBER OF THIS BOARD/COUNCIL/COMMITTEE/COMMISSION, WHAT MIGHT YOU HOPE TO ACHIEVE:

To help serve the community's , AOD
Citizens of Solano County

AS A MEMBER OF THIS BOARD/COUNCIL/COMMITTEE/COMMISSION, WHAT DO YOU THINK YOU MIGHT CONTRIBUTE TO HELP IT FULFILL ITS MISSIONS AND GOALS:

To assist in public awareness programs,assist/evaluate with the SAA& BOS
In planning and evaluation of AOD outreach

APPLICANT SIGNATURE: Margaret Buckley DATE: 5/8/19



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IF THIS BOARD, COUNCIL, COMMITTEE OR COMMISSION CALLS FOR A SPECIFIC TYPE OF MEMBER, PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING: _____

NAME: Elizabeth Edwards

RESIDENCE ADDRESS: [REDACTED] Benicia CA 94510

BUSINESS ADDRESS: _____

PHONE NUMBERS: (HOME) [REDACTED] (BUSINESS) _____

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE (please check one): 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

WILL YOU BE AVAILABLE TO ATTEND BOARD/COUNCIL/COMMITTEE/COMMISSION MEETINGS REGULARLY: yes

MEMBERSHIPS IN OTHER ORGANIZATIONS (list name and address): Serve on the Advisory Council for Faces & Voices of Recovery - National - Washington D.C.

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR EMPLOYMENT & EDUCATIONAL HISTORY (Resume may be attached):

Profession recording Artist - Songwriter - Singer - Media Profession -

REFERENCES (list 3-5): Lee Bowen - Vallejo
Jerry Feeney - Fairfield
Karen Fernandez - Benicia

AS A MEMBER OF THIS BOARD/COUNCIL/COMMITTEE/COMMISSION, WHAT MIGHT YOU HOPE TO ACHIEVE:

Bring ideas I see and know about from other Advocate work I do to my community.

AS A MEMBER OF THIS BOARD/COUNCIL/COMMITTEE/COMMISSION, WHAT DO YOU THINK YOU MIGHT CONTRIBUTE TO HELP IT FULFILL ITS MISSIONS AND GOALS:

As a person in long term recovery and as an artist and a person involved in advocacy I believe I can contribute.

APPLICANT SIGNATURE: Elizabeth Edwards DATE: 5/8/2019