BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor
Mount Clemens, Michigan 48043
586.469.5125 ~ Fax: 586.469.5993
www.macombBOC.com

NOTICE OF MEETING

There will be a meeting of the **BOARD OF COMMISSIONERS** on Thursday, September 11, 2014, **IMMEDIATELY FOLLOWING A PUBLIC HEARING ON THE 2015 BUDGET AND A MEETING OF THE FINANCE COMMITTEE WHICH BEGIN AT 9 A.M.,** on the 9th Floor of the County Administration Building, in the Commissioners' Board Room, Mount Clemens.

PRELIMINARY AGENDA

1. Correspondence from Executive

2. **COMMITTEE REPORTS:**

   a) Government Operations, September 8 **(to be provided)**
   b) Economic Development, September 9 **(to be provided)**
   c) Justice and Public Safety, September 10 **(to be provided)**
   d) Finance, September 11 **(to be provided)**

3. **APPOINTMENTS:**

   Executive Appointment
   a) **ETHICS BOARD** **(attached)**
   2 vacancies; 5 year terms expiring 2-1-19

   (2 applications are attached) **(page 1)**

MACOMB COUNTY BOARD OF COMMISSIONERS

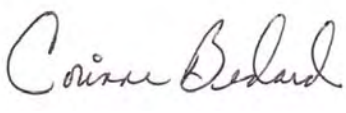
David J. Flynn – Board Chair, District 4
Kathy Tocco – Vice Chair, District 11
Mike Boyle – Sergeant-At-Arms, District 10

Toni Moceri – District 1
Marvin Sauger – District 2
Veronica Klinefelt – District 3
Robert Mijac - District 5
James Carabelli – District 6
Don Brown – District 7
Kathy Vosburg – District 8
Fred Miller – District 9
Bob Smith – District 12
Joe Sabatini – District 13

Board Appointment

b) **SUBSTANCE USE DISORDER POLICY OVERSIGHT BOARD** **(attached)**
6 appointments **(see attached summary sheet for terms – page 13)**

(20 applications are attached) **(page 19)**



Corinne Bedard
Committee Reporter

Macomb County Executive
Mark A. Hackel

Mark F. Deldin
Deputy County Executive

TO: Dave Flynn, Board Chair

FROM: Mark A. Hackel, County Executive

DATE: August 11, 2014

RE: ETHICS BOARD APPOINTMENTS

As provided under Macomb County Home Rule Charter, Section 2.4.2, this memorandum serves as notice of the Executive's nominations to the Ethics Board as presented to you for Board approval:

- Mr. James McGrail to serve a five (5) year term to expire February 1, 2019 (see attached application)
- Ms. Dorie Vazquez-Nolan to serve a five (5) year term to expire February 1, 2019 (see attached application)

Thank you for your attention to this transmittal and I am available to answer any questions or concerns which you or the Board members may have.

MAH/smf

cc: Donald Amboyer
James McGrail
Dorie Vazquez-Nolan

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note: Only legible applications can be considered)

I, James A. McGrail *(Name – Please print legibly)* hereby make application for appointment to the Macomb County Ethics Board *(Name of Board or commission – Please print legibly)* for _____ *(Number of Years)* from _____ *(Exact Dates of Appointment)*

to _____.

TO THE MACOMB COUNTY EXECUTIVE:
STATE OF MICHIGAN)
)SS
COUNTY OF MACOMB)

I reside at *(Present Address)*:	Since:	Citizen of:
42314 Toddmark	2009	United States of America

City:	State:	Zip Code:
Clinton Twp	MI	48038

Home Telephone Number:	Work Telephone Number:	Cell Phone Number:
( )	(586) 731-5500	( )

E-mail Address:	I am at least 18 Years of Age:
jamcgrail@msn.com	■ Yes ☐ No

Mailing Address (if different than above):	I am currently registered to vote:
11255 Hall Road, Suite 101	■ Yes ☐ No

City:	State:	Zip Code:
Utica	MI	48317

Employer:	Telephone:	Title:
Self Employed	(586)731-5500	Attorney

City:	State:	Zip Code:	Nature of Work:
Utica	MI	48317	Legal Services

Education – Graduate from High Shool?: ■ Yes ☐ No

Degree Received:	Degree Received:	Degree Received:
BA - 1998	JD - 2001	

I presently hold the following appointments and elected positions:

Title:	Appointment or Election Date:
City Attorney for the City of Utica	July 1, 2013

Previously held appointments and/or elected positions:

Title:	Dates Served:

Title:	Dates Served:

Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

I am the City Attorney for the City of Utica. Being governmental units, the City of Utica and County of Macomb do work together in some instances. I do not have an actual conflict of interest at this time. If one does arise with a matter pending before the Macomb County Ethics Board, I will recuse myself from consideration of that issue.

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

Linda McGrail-Belau
William J. McGrail
Carole Murray

None of the above-listed family members have been Public Servants of the County of Macomb at any time in the preceding 2 years.

Is this an application for reappointment?: ☐ Yes ■ No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:

Comments/Clarification *(only if necessary)*:

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

I have been a practicing attorney for almost 13 years. Since 2003, I have specialized in Municipal Law and have represented various communities within Macomb County. Currently, I am the City Attorney for the City Utica and oversee all the legal activities of the City. I routinely provide legal advice to the elected and appointed officials. This advice not only includes legal advice regarding the numerous applicable statutes and case law, but also advice regarding sound ethical practices. Throughout my career, I have earned the respect of my colleagues and maintained my integrity.

I hereby apply for appointment to: Macomb County Ethics Board
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

Signature

4/22/14
Date

James A. McGrail
Name (Print or Type)

Subscribed and sworn to before me this 22nd day of April ,20 14.

Notary Public, Macomb County, Michigan

07/15/18
My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

PAMELA LAVERS

C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

The following is for Office use only:

Signature of Authorized Personnel

Appointment:

☐ Approved ☐ Denied

McGrail Law Office
11255 Hall Road, Suite 101
Utica, MI 48317
(586) 731-5500

April 22, 2014

EXECUTIVE OFFICE
APR 22 2014
RECEIVED

Pamela Lavers
C/O Macomb County Executive Office
1 S. Main, 8th Floor
Mt. Clemens, MI 48043

RE: Macomb County Ethics Board

Dear Ms. Lavers,

Recently, I learned of the possibility of an opening on the Macomb County Ethics Board. Please accept this cover letter, application and my Résumé for consideration for this position.

I was born and raised in Macomb County. Upon graduating law school, I began working at a top rated law firm within the litigation department, where I performed complex commercial litigation. Since 2003, I have specialized in governmental representation. In the past, I have represented Harrison Township while I currently represent the City of Utica. In that capacity, I provide legal counsel to the elected and appointed city officials in every possible legal scenario, including ethics. My experience has routinely proven my ability to take ownership in everything I do, while at the same time being a valuable team player for a common objective.

It's an exciting time in Macomb County and I would love to assist in making Macomb County all that it can be. Being born and raised in Macomb County, and raising my two sons here, I feel I understand Macomb County and the issues it faces. Macomb County is a great place to live, work, and raise a family and I would be honored to assist in using my efforts for the benefit of Macomb County.

I have always prided myself in earning the respect of colleagues and maintaining my integrity throughout my career. This can be attested to by any number of public officials, attorneys and judges with whom I have worked. If you desire, I can supply letters of recommendations from several individuals at a later date.

I believe that I would be a perfect for the Macomb County Ethics Board and I would welcome the opportunity to discuss my qualifications in more detail. If you or anyone else has any questions, please contact me. The best way to reach me is by cell phone at (586) 764-4698.

Very truly yours,

James A. McGrail

11255 Hall Road, Suite 101
Utica, MI 48317
(586) 731-5500 – Office
(586) 764-4698 – Cell
jamcgrail@msn.com

James A. McGrail

EXPERIENCE

McGRAIL LAW OFFICE
September 2005 thru present – *Attorney*
Represent the City of Utica in all legal proceedings, criminal and civil. Advise the Mayor, City Council, Police Department, Fire Department, Building Department and Department of Public Works on legal matters. Negotiate labor contracts. Review and draft various policies and procedures; advise city and its employees regarding the same. Represent the City in grievances and/or arbitrations regarding discipline. Supervise various employees. Full private practice outside of City of Utica work. Represent and advise clients in all legal aspects including day-to-day legal advice, pre-litigation, litigation as well as criminal defense.

BAKER COLLEGE
September 2010 thru March 2012 – *Adjunct Law Professor*

LAW OFFICE OF ROBERT S. VICKREY
January 2003 until September 2005 – *Attorney*
Represented Harrison Township in all legal proceedings, criminal and civil. Represented the City of Utica in criminal proceedings. Supervised an employee. Represented and advised clients in all legal aspects including day-to-day legal advice, pre-litigation representation and litigation as well as criminal defense. Drafted complaints, answered complaints, conducted discovery, drafted motions, answered motions, courtroom representation, facilitation, case evaluation, conducted bench and jury trials, appellate work at the Court of Appeals and Supreme Court.

VARNUM, RIDDERING, SCHMIDT AND HOWLETT LLP
Summer 2000; Fall 2001 thru January 2003 – *Associate Litigation Attorney*
Researched, wrote and argued motions and case evaluations, propounded and answered discovery; took and defended depositions; tried bench and jury trials. Supervise various employees.

MACOMB COUNTY PROSECUTOR'S OFFICE
January thru May 2000 and 2001 –*Intern*
Tried a jury trial; argued motions; assisted and held preliminary examinations.

JOSEPH TOIA, P.C.
Summer 1999 – *Law Clerk*
Wrote numerous complaints, answers, interrogatories and motions.

MICHIGAN ATTORNEY GENERAL'S OFFICE, CONSUMER PROTECTION DIVISION
Fall 1997 – *Intern*
Handled and processed consumer complaints.

EDUCATION

WAYNE STATE UNIVERSITY LAW SCHOOL (DETROIT, MICHIGAN)
Juris Doctorate – 2001
GPA 3.09

JAMES MADISON COLLEGE AT MICHIGAN STATE UNIVERSITY (EAST LANSING, MICHIGAN)
Bachelor of Arts – 1998
Political Theory and Constitutional Democracy with minors in Economic and French
GPA 3.37

INSTITUTE DE TOURAINE (TOURS, FRANCE)
Summer 1997 – Studied the French language and culture abroad

ACTIVITIES

ADMITTED TO PRACTICE IN THE STATE OF MICHIGAN, FEDERAL COURT FOR THE WESTERN DISTRICT OF MICHIGAN, AND FEDERAL COURT FOR THE EASTERN DISTRICT OF WISCONSIN

MICHIGAN STATE BAR ASSOCIATION
November 2001 thru present

NATIONAL ASSOCIATION OF CIVILIAN OVERSIGHT OF LAW ENFORCEMENT (NACOLE)
Membership Development and Outreach Committee
Scholarship Committee
Mentoring Program
Consulted with New Orleans Independent Police Monitor regarding the drafting of new police policy

FEDERAL BAR ASSOCIATION – EASTERN DISTRICT OF MICHIGAN CHAPTER

MACOMB COUNTY BAR ASSOCIATION

BOY SCOUTS OF AMERICA
Cubmaster for Cub Scout Pack 361 – Fall 2008 thru Spring 2013

SHELBY TOWNSHIP LIONS CLUB
Board of Directors – Summer 2007 thru Summer 2009
Chair of Campaign Sight First II: An International Campaign whereby Shelby Township Lions Club pledged, through fundraising efforts, nearly $40,000.00 to assist in preventable blindness worldwide.

MOOT COURT
Fall 1999 to Spring 2001

STUDENT TRIAL ADVOCACY PROGRAM (STAP)
Fall 1999 to Spring 2001
Co-Chair

LAW SCHOOL LEGAL RESEARCH AND WRITING PROGRAM
Fall 1999 to Spring 2001
Teaching Assistant: Assisted first year law students with their legal research skills.

WAYNE STATE UNIVERSITY LAW SCHOOL STUDENT BOARD OF GOVERNORS
Fall 1998 to Spring 2001
President: Handled student concerns and issues with Wayne State University Law School.

DELTA THETA PHI LEGAL FRATERNITY
Fall 1998 to Spring 2001
Vice Dean

TUTORING OF SCHOOL CHILDREN AT DETROIT PUBLIC LIBRARY
Fall 1998 to Spring 2001

M.S.U. MARCHING BAND
1995 thru 1998
Squad Leader and *tuba player*

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Macomb County Ethics Board

Term: [ ] years; from [ ] (date/year) to [ ] (date/year)

1. Applicant Information

Name: Dorie Vazquez-Nolan

Residence Address: 49926 Willowood Drive

City, Zip Code: Macomb Township, Michigan 48044

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586.854.1972

Email: doriev@mccarehouse.org

Best method of contact: email

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: US

5. Employer: Macomb County Child Advocacy Center, Inc./Care House

Employer Address: 131 Market Street, Mount Clemens MI 48043

Nature of your work: Director of a nonprofit agency providing services to child victims of sexual/physical abuse.

Position: Executive Director

6. Educational level, degree(s) received, other relevant certification or endorsements:

Michigan State University - 1981 to 1983
Political Science major

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: Governor's Task Force on the Prevention of Sexual Abuse of Children

Appointment/Election Date: June 2014

Title/Board-Commission: Chair-Elect, Michigan Chapter of the National Children's Alliance

Appointment/Election Date: November 2012

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: Precinct Delegate, Macomb Township

Dates Served: August 2010 - August 2012

Title/Board-Commission: Treasurer, Michigan Chapter of the National Children's Alliance

Dates Served: 2009 - 2011

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

I am employed by the Macomb County Child Advocacy Center, Inc. (dba: Care House), which receives an annual grant of $25,000 from Macomb County.

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

None

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

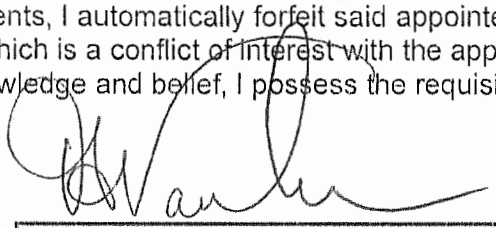
13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

As the Executive Director of a nonprofit agency, it is incumbent upon me to carefully consider my actions and those of my staff as a reflection on our agency. It is very important for our agency to gain and maintain the trust of the community, our clients, partners, board members and donors. It is critical that we appear always professional and acknowledge and address potential conflicts of interest.

My previous employment with the Michigan House of Representatives also gave me valuable insight into the importance of maintaining transparency and high ethical standards and avoiding any appearance of impropriety. Public trust in elected officials is paramount to a healthy community, and I feel very strongly that when a person is elected and takes an oath of office to serve, that they have committed themselves to serving with integrity. I feel honored to have worked with (and continue to work with, in my current position) many fine and upstanding elected officials, and I am disappointed and discouraged when an office holder and holder of the public trust chooses to betray that trust. Those instances cloud the opinions of voters, taint the reputations of the many honest and hardworking public servants we have and feed the distrust that is so rampant in our community and our country.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: 

Printed Name: Dorie Vazquez-Nolan

Date: July 18, 2014

Subscribed and sworn to before me this 18 day of July, 2014

Notary Public
Macomb County, Michigan Brianna E. Bentley

My Commission expires: December 12, 2017

BRIANNA E. BENTLEY
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF MACOMB
My Commission Exp. December 12, 2017
Acting in the County of Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

DORIE VAZQUEZ-NOLAN
49926 Willowood Drive
Macomb, Michigan 48044
(586) 854-1972

WORK HISTORY

9/2007 – present

Macomb County Child Advocacy Center/Care House, Mount Clemens, MI.
Executive Director. Responsibilities include working under the direction of the Board of Directors to fulfill the mission of Care House and provide quality services to child victims of abuse and their families, overseeing the general operations of a child advocacy center, including financial and human resource management, supervision of clerical and fund development personnel, public relations and community engagement, volunteer coordination and donor and press relations. These duties are in addition to the responsibilities outlined below, as the position of Director of Operations was not filled when I assumed the title of Acting Executive Director in August of 2007 and appointed permanently to this position in August 2008.

9/2001 – 9/2007

Macomb County Child Advocacy Center/Care House, Mount Clemens, MI.
Director of Operations. Responsibilities included assisting the Executive Director with the general operations of a non-profit organization, including public relations with elected officials and community leaders, speaking engagements to civic and community organizations, coordinating meetings with 30-member Board of Directors, monitoring and researching legislation of interest to Michigan's child advocacy centers, organizing special events, assisting with grant and fundraising activities, and creating press releases, newsletters, brochures and annual reports. In this position I functioned as the office manager, which included the training and supervision of clerical staff, general Human Resources responsibilities, composing correspondence, proofreading and general day-to-day management of office operations. I also served as the Liaison to the Michigan Chapter of the National Children's Alliance, which entailed assisting the statewide network of child advocacy centers with legislative issues at the state and national level.

1/97 – 12/98

Michigan House of Representatives, State Representative Ted Wallace, Lansing, MI.
Legislative Aide/Committee Staff Aide, House Judiciary Committee. In addition to the duties listed below, my responsibilities included researching and analyzing legislation referred to the Judiciary Committee, evaluating bills for placement on the committee agenda, working with committee members, staff and special interest groups to fine-tune legislation, organizing public hearings and other special committee events.

11/88 – 12/98

Michigan House of Representatives, State Representative Ted Wallace, Lansing, MI.
Legislative Aide. Responsibilities included extensive constituent correspondence and casework, newsletter composition, preparing speeches, resolutions and press releases, public relations, legislative research and analysis of legislation, bill drafting, campaign finance reporting for candidate committees and a political action committee (PAC), attending meetings and conferences on Rep. Wallace's behalf, day-to-day management of legislative office and staff, interviewing, hiring and training of new staff, organizing fundraisers and district events, special project coordination, selection and supervision of student interns, campaign management.

10/84 – 11/88

Michigan House of Representatives, Office of the Speaker, Lansing, MI.
Receptionist/Legislative secretary. Responsibilities included constituent casework and correspondence, scheduling appointments, creating and maintaining filing systems, handling telephone inquiries from the general public on a variety of topics, general clerical and secretarial duties.

EDUCATION

Michigan State University, East Lansing, MI. - 1981 –1983.

REFERENCES

Available upon request.

SEPTEMBER 2014 – Summary of Boards & Commissions Appointments

Substance Use Disorder Oversight Policy Board – BOC Vote

Per **SUD Oversight Policy Board Agreement** adopted by BOC on 07-31-14:

Section 5.4 Appointing Authorities

a) As required by PA 500 of 2012, The Macomb County Commission shall appoint one (1) member to serve on the Substance Use Disorder Oversight Policy Board and the County Executive will waive his Charter authority so that the Commission may appoint an additional five (5) members. **The Commission will appoint the members designated in 5.3 (a) iii and iv and four members from any of the categories in 5.3 (b).** The initial six appointments will have terms as provided in 5.2.

Section 5.3 Membership

a) Membership shall be included from the following areas:
    i. One (1) member shall be a representative of Macomb County Public Health;
    ii. One (1) member shall be a representative of the Macomb County Department of Human Services;
    iii. One (1) member shall be a representative of the Macomb Intermediate School District or other school district within the county; and
    iv. At least one (1) member shall be an individual in recovery from a substance use disorder or a family member impacted by addiction.
b) The remaining members shall be drawn from any of the following areas**: (BOC appoints four (4))**
    i. Public and private SUD prevention, treatment or recovery providers, where conflicts of interest do not exist;
    ii. Individuals directly served by substance use treatment/rehabilitation or prevention programs or otherwise in recovery from a substance use disorder, and individuals with lived experience; and
    iii. The community at large, including civic organizations, the corporate community, representatives from the medical community, law enforcement, faith-based organizations, military veterans, and interested citizens who are willing to advocate for prevention, treatment and recovery services for persons with, or who are at risk, for SUD.
c) All Board members shall have Macomb County as their primary place of residence. No member shall hold a current elective public office within Macomb County.

Terms of Office

Members shall be appointed for **a term of three (3) years, commencing on October 1st**. Appointments shall be scheduled to ensure that no more than one-third of the membership seats will require appointment in a given year**. The term of appointment for initial Board members shall be divided equally amont the membership for one, two or three year periods of time.**

Applications received:

1. Brian Ashley
2. Michael Barrett
3. Mark Boettcher
4. Nancy Buyle
5. Marya Drygalski
6. Michael Gentry
7. Dana Gire
8. Barry Gross
9. Ronderick Johnson
10. Robert Kirchoff *
11. Mark Koroi
12. Karen LaForest
13. Ellen Monroe
14. Christine Nowakowski
15. Kathleen Rager
16. Susan Smagacz
17. Joanne Smythe
18. Barbara VanJaarsveld
19. Barbara Wagner
20. Barbara Wladischkin

*(unable to attend interview at Gov Ops, see letter included in application submission)

BOC appointees must fulfill the following designations:

5.3 (a) iii. School district representative (MISD or another district within the county):

1 Appointee: _____

5.3 (a) iv. An individual in recovery from a substance use disorder or who has a family member impacted by addiction:

1 Appointee: _____

5.3 (b) Four appointees from the following areas:
5.3 (b) i. Individual(s) in public and private SUD prevention, treatment or recovery providers, where conflicts of interest do not exist;
5.3 (b) ii. Individual(s) directly served by substance use treatment/rehabilitation or prevention programs or otherwise in recovery from a substance use disorder, and individuals with lived experience;
5.3 (b) iii. Individual(s) from the community at large, including civic organizations, the corporate community, representatives from the medical community, law enforcement, faith-based organizations, military veterans, and interested citizens who are willing to advocate for prevention, treatment and recovery services for persons with, or who are at risk, for SUD.

Appointee 1: _____

Appointee 2: _____

Appointee 3: _____

Appointee 4: _____

The term of appointment for initial Board members shall be divided equally among the membership for one, two or three year periods of time:

One year term = October 1, 2014 through September 30, 2015
Two year term = October 1, 2014 through September 30, 2016
Three year term = October 1, 2014 through September 30, 2017

Application forms and submission materials should be sent to:
Macomb County CMH Board, 22550 Hall Road, Clinton Township, MI 48036

Vacancies are created by implementation of newly adopted Substance Use Disorder Oversight Policy Board Agreement (07-31-14). Applications are due by 09-02-14. Interviews to be held 09-08-14 at the Gov't Operations Committee meeting; appointments to be made at the Full Board on 09-11-14.

Name of Board/Commission	Substance Use Disorder (SUD) Oversight Policy Board
Origin	Section 287 of the Michigan Mental Health Code, MCL 330.1287(5); SUD Oversight Policy Board Agreement adopted 07-31-14
Appointment Authority	BOC appoints 6 members; those designated in 5.3(1)iii and iv; four members from any of the categories in 5.3(b). OCE appoints according to SUD Agreement
Function	Approval of MCCMH budget that includes local funds for treatment/prevention; provide advice for using other nonlocal funding; contracts; identify needs and resources, recommend goals and priorities; advise and counsel in development of effective, coord programs and plans for services; advise & recommend re: annual comprehensive delivery plan developed by MC Office of Substance Abuse; other functions requested by MCCMH and agreed to by the SUD Oversight Policy Board.
Membership Composition	12 members Representatives from public and private treatment and prevention programs, along with members of the community as defined in SUD Agreement adopted 07-31-14.
Term	3 years; staggered terms

Application forms and submission materials should be sent to:

Macomb County Community Mental Health Services Board
22550 Hall Road
Clinton Township, MI 48036

586.469.5275
www.mccmh.net

Name of Board/Commission	Substance Use Disorder (SUD) Oversight Policy Board
Origin	Section 287 of the Michigan Mental Health Code, MCL 330.1287(5); SUD Oversight Policy Board Agreement adopted 07-31-14
Appointment Authority	BOC appoints 6 members; those designated in 5.3(1)iii and iv; four members from any of the categories in 5.3(b). OCE appoints according to SUD Agreement
Function	Approval of MCCMH budget that includes local funds for treatment/prevention; provide advice for using other nonlocal funding; contracts; identify needs and resources, recommend goals and priorities; advise and counsel in development of effective, coord programs and plans for services; advise & recommend re: annual comprehensive delivery plan developed by MC Office of Substance Abuse; other functions requested by MCCMH and agreed to by the SUD Oversight Policy Board.
Membership Composition	12 members Representatives from public and private treatment and prevention programs, along with members of the community as defined in SUD Agreement adopted 07-31-14.
Term	3 years; staggered terms

NEWS

Macomb County
Board of Commissioners

FOR IMMEDIATE RELEASE
Aug. 19, 2014

Media contact: Courtney Flynn
(586) 469-5713
Courtney.Flynn@macombgov.org

Members sought for newly established Substance Use Disorder Oversight Policy Board

The Macomb County Board of Commissioners is seeking to appoint six members to the newly established Substance Use Disorder Oversight Policy Board.

The Substance Use Disorder Oversight Policy Board will approve the Macomb County Community Mental Health Budget that includes local funds for treatment and prevention and use of non-local dollars and contracts. In total, this will be a 12 member board, with each member serving a three year term. Terms will begin Oct. 1, 2014.

The Board of Commissioners will appoint the following: a representative of the Macomb Intermediate School District or another county school district; at least one Macomb County resident who is in recovery from substance abuse or a family member of such an individual who has been impacted by addiction. They and the Office of the County Executive will also each appoint four members with at least one of the following attributes: public and private SUD prevention, treatment or recovery providers that have no conflict of interest; a county resident directly served by substance abuse treatment/rehabilitation, prevention program or otherwise in recover from such a disorder; residents of the Macomb County community; with the exception of public officials, seeking to advocate for prevention, recovery and treatment services.

The Office of the County Executive will also appoint a representative of the Macomb County Public Health Department and a representative from the Macomb County Department of Human Services.

While the terms will be staggered, those first appointed this year will either serve a one, two or three year term to ensure no more than a third of the membership seats will require appointment in a given year.

Information and a downloadable application form are available at macombBOC.com, under the "Boards and Commissions" tab. Applications and form submission materials can be sent to: Macomb County CMH Board, 22550 Hall Rd., Clinton Township, MI 48036.

Notarized applications are due by Sept. 2. Interviews will be held in the Board Room, located on the ninth floor of the Administration Building, on Sept. 8 and appointments will be made at the Full Board on Sept. 11.

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Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder Oversight Policy Board

Term: 3yrs years; from _____ (date/year) to _____ (date/year)

1. Applicant Information

Name: Brian P. Ashley

Residence Address: 42101 Tessmer Dr.

City, Zip Code: Sterling Heights 48314

County of Residence: Macomb

Mailing Address (if different than above): _____

Preferred Phone: 586-739-6593

Email: bpaul500@wowway.com

Best method of contact: Email

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: USA

5. Employer: Retired Part-time Therapist self emplyed

Employer Address: _____

Nature of your work: _____

Position: _____

6. Educational level, degree(s) received, other relevant certification or endorsements:

BBA University of Detroit
MA Counseling Oakland University
Licensed in State of Michigan
NBCC Nationally Certified

7. I presently hold the following appointments and elected positions:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

No

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

N/A

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended | Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I was President of a Bank in Rochester, Michigan for 10 yrs.
I have been a Licensed Therapist for 17 yrs. dealing with addicts, married couples and families.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Brian P. Ashley

Printed Name: Brian P. Ashley

Date: August 29,2014

Subscribed and sworn to before me this 29 day of August 2014

Notary Public Ryan Ess
Macomb County, Michigan

My Commission expires: August 12, 2019

RYAN ESS
Notary Public - Michigan
Macomb County
My Commission Expires Aug 12, 2019
Acting in the County of Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

RECEIVED
AUG 29 2014
BOARD OF COMMISSIONERS

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder (SUD) Oversight Policy Board

Term: 3 years; from Staggered (date/year) to _____ (date/year)

1. Applicant Information

Name: Michael Christopher Barrett

Residence Address: 27317 Beechurst

City, Zip Code: Roseville, MI 48066-2873

County of Residence: MAcomB

Mailing Address (if different than above): _____

Preferred Phone: (586) 563-4568

Email: mbmikedog@comcast.net

Best method of contact: e-mail

2. I am at least 18 years of age: ☑ Yes ☐ No

3. I am currently registered to vote: ☑ Yes ☐ No

4. Citizenship: United States

5. Employer: Southwest Counseling Solutions

Employer Address: 1700 Waterman, Detroit MI 48209

Nature of your work: Adult Outpatient Counseling through ACT Team, LPC

Position: Case manager/Clinician Assertive Community Treatment

6. Educational level, degree(s) received, other relevant certification or endorsements:

Associate of Arts/pre pharmacy Bachelor of Science/Mort Sci. Master of Arts/Counseling, LPC, internship at Tigera-Oakdale, completed FAODP testing, currently seeking CAADC

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: None

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: None

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☑ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

NA

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

NA

12. Is this an application for re-appointment? ☐ Yes ☑ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended ____ Number of meetings held ____

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I have been in recovery from alcoholism since 8/16/88 & continuous sobriety. I have attended thousands of meetings over the years in Wayne, Oakland, Macomb, and Essex (Windsor) counties. I facilitate a Dual Diagnosis group at Southwest Counseling Solutions every Friday (for the last 5 years), and I have a good understanding of substance abuse from the consumer, clinician, and administrative perspectives.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Michael C. Barrett

Printed Name: Michael C. Barrett

Date: 8/26/14

Subscribed and sworn to before me this 26 day of AUGUST, 2014

Notary Public
Macomb County, Michigan

My Commission expires: 01-05-2019

DENISE LAZO
Notary Public - Michigan
Wayne County
My Commission Expires Jan 5, 2019
Acting in the County of WAYNE

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Michael C. Barrett, BS, MA

(586) 563-4568 (Cell) 27317 Beechurst – Roseville MI 48066 mbmikedog@comcast.net

Career Objectives

I am seeking part-time/full-time employment as a funeral director/professional counselor in the mental health/substance abuse fields. I have several years experience assisting individuals through mental health issues, substance abuse, grief counseling, and all areas of funeral planning/service.

Relevant Abilities

- Skilled in working empathetically with people undergoing the most stressful/emotional times of life.
- Proficient in decision making roles as a motivated self starter and champion of client service.
- Resourcefully apply unique interpersonal skills in a funeral/counseling setting.
- Ability to complete funeral arrangements that maximize client/caregiver satisfaction.
- Ability to complete related paperwork from beginning to end of arrangements/counseling.
- Proficient in personal counseling, treatment planning and follow-up
- Complete follow-up/grief work with client families, if indicated.
- Familiarity with insurance entities/pre-need arrangements.
- Familiarity with substance abuse/mental health group/individual counseling

Certification

Master of Arts-Counseling	Wayne State University	Detroit December, 2008
LPC	State of Michigan	April 6, 2011-Current
Bachelor of Science-Mortuary Science	Wayne State University	Detroit, May, 1997
Licensed Mortician	State of Michigan	Current
FAODP Certification	State of Michigan	December, 2008
Associate of Arts	Wayne County Comm. College	December, 1992

Clinical Experience

Southwest Counseling Solutions
1700 Waterman, Detroit, Michigan
ACT Team Clinician/Case Manager February, 2010-August, 2014

- Responsible for delivery of ACT case management services to assigned caseload (10).
- Services include assessment, service plan development, linking/coordination of services, advocacy, reassessment/follow-up, and monitoring of ACT services.
- Perform psychosocial/case management assessment and follow case opening procedures in an ACT Team setting.
- Provide outreach and support to engage the ACT client in participating in the development of their individual plans.

Southwest Counseling Solutions
1700 Waterman Detroit, Michigan
Out-Patient Clinician/Case Manager March-September, 2009

- Responsible for delivery of out-patient case management services to assigned caseload (100+ mentally ill individuals).
- Services include assessment, service plan development, linking/coordination of services, advocacy, reassessment/follow-up, and monitoring of services.

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder Oversight Policy

Term: 3 years; from 10/1/2014 (date/year) to 9/30/2017 (date/year)

1. Applicant Information

Name: Mark P. Boettcher, Esq.

Residence Address: 16320 Andover Drive Clinton Twp, MI

City, Zip Code: 48035

County of Residence: Macomb

Mailing Address (if different than above): 48 Market Street Suite LL Mount Clemens, MI 48043

Preferred Phone: 586-596-3889

Email: Mark@MarkBoettcher.com

Best method of contact: Email

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: USA

5. Employer: Mark P. Boettcher PLLC

Employer Address: 48 Market Street Suite LL Mount Clemens, MI 48043

Nature of your work: Commercial finance, budget analysis, legal work for estates, real estate transactions

Position: Attorney at Law

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

None

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

Wife, Ingrid Zomboreanu Boettcher

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission? N/A

Please indicate your attendance record for term(s) served:

Number of meetings attended N/A Number of meetings held N/A

Comments/Clarification (if necessary)

N/A

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

As a former commercial lender, budget analysis and financial best practices within business lines and industries are skills honed in the private sector over nearly two decades. As a local attorney and real estate professional, I have a great interest in the health, welfare and safety of our county residents.

As a volunteer and entrepreneur, I have been instrumental in organizing groups, building consensus and succeeding at beginning and completing tasks. As a former Township-Supervisor-appointed firefighter's pension fund trustee, I have past multi-year experience in a municipal board seat financial and fiduciary role.

Lastly, with the Board of Commissioners needing to appoint:
"...a county resident directly served by substance abuse treatment/rehabilitation, prevention program or otherwise in recovery from such a disorder; residents of the Macomb County community..., seeking to advocate for prevention, recovery and treatment services..."

I fit as a member of the class which shall be appointed, as I am a past participant in the Lawyer's & Judges Assistance Program under the State Bar Association from previous behavior abusing alcohol. No formal disciplinary action was taken, but I voluntarily entered into a recovery role in 2007 with the assistance of a therapist, regular Lawyer & Judges AA meetings and, for a time in 2008 and 2009, random alcohol & drug testing. I remain clean and sober and still often attend Lawyer's & Judges Assistance and occasionally other AA meetings.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature:

Printed Name: Mark P. Boettcher

Date: August 25, 2014

Subscribed and sworn to before me this 25 day of Aug, 2014 .

Dana Lynn Koester

Notary Public
Macomb County, Michigan

My Commission expires: 11-23-2020

DANA LYNN KOESTER
Notary Public - Michigan
Macomb County
My Commission Expires Nov 23, 2020
Acting in the County of Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

MARK P. BOETTCHER, ESQ.

48 Market Street, Suite LL
Mount Clemens, Michigan 48043

Mobile: 586-596-3889
Fax: 877-733-7562
Mark@MarkBoettcher.com

LICENSURE, CERTIFICATIONS AND APPOINTMENTS:
Licensed Mortgage Loan Originator, Michigan, 2011 (NMLS 379753)
Individual Real Estate Broker, Realtor, Michigan, 2008 (License number 6504356700)
Arbitrator, Better Business Bureau, 2005 (Arbitrator number MI 30178)
Member and attorney, State Bar of Michigan, 2004 (P66924)

EMPLOYMENT:
Mark P. Boettcher PLLC, Attorney at Law, Mount Clemens, Michigan 2007 to present
Counselor, Consultant and Business Advisor
Advise clients with debt restructuring, prudent capital management and placing financing

Michigan Heritage Bank, Farmington Hills, Michigan 2004 to 2007
Vice President, Commercial Lending Officer
Generated new and developed existing relationships of commercial banking clients throughout Michigan

LaSalle Bank f/k/a Michigan National Bank, Troy, Michigan 1993 to 2003
Commercial Lending Officer (1999 to 2003) and Credit Analyst (1996 to 1999), Teller (1993 to 1996)
Presented loans for approval to the bank's board for transactions larger than $80 million

UNIVERSITY EDUCATION:
University of Detroit Mercy, School of Law, Detroit, Michigan
Juris Doctor, May 2002

Eastern Michigan University, College of Business, Ypsilanti, Michigan
Bachelor of Business Administration, Accounting, May 1996

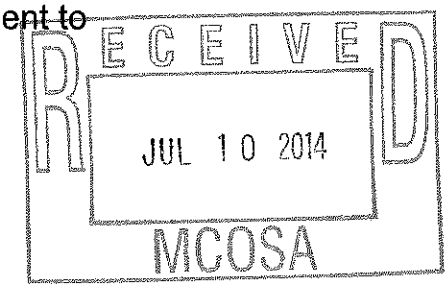
ADDITIONAL TRAINING:
Landmark Education, Highland Park, Michigan
Completed the Landmark Forum, April 2000

Dale Carnegie Leadership Course, Farmington Hills, Michigan
Completed the twelve week course, May 1997

COMMUNITY INVOLVEMENT:
Trustee, Firefighter's Pension Fund Board, Harrison Twp., 2008 to 2013
Member, Michigan Association of Public Employee Retirement Systems (MAPERS)
Judge, Michigan Center for Civic Education, High School Mock Trials, 2005-2013
Risk Management Association local Credit Policy Committee 1997-2003
Paint The Town team leader and organizer for LaSalle Bank from 1998-2002
Detroit's Tried Stone Baptist Church tutoring volunteer
Residential home owner's association board member
YMCA Board member, coach and referee volunteer
Michigan Opera Theater member and donor
Detroit Institute of Arts member and donor
Member, American Bar Association
Member, State Bar of Michigan
Notary Public, Michigan

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission



TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Macomb County CMH Substance Use Disorder Oversight Policy Board

Term: [ ] years; from 10/1/2014 (date/year) to [ ] (date/year)

1. Applicant Information

Name: Nancy Buyle

Residence Address: 50619 Pembroke

City, Zip Code: Chesterfield, 48047

County of Residence: Macomb

Mailing Address (if different than above): n/a

Preferred Phone: 586-228-3439

Email: nbuyle@misd.net

Best method of contact: email

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: USA

5. Employer: Macomb Intermediate School District

Employer Address: 44001 Garfield Road

Nature of your work: Service & support to local 21 districts in the areas of safety, crisis, at-risk, mental health etc.

Position: School Safety/Student Assistance Consultant

6. Educational level, degree(s) received, other relevant certification or endorsements:

BA in Psychcology, MA in counseling, Licensed SW, Professional Counselor; Certified Trauma and Loss Consultant with the National Institute on Trauma and Loss in Children.

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: Macomb County Emergency Management Local Planning Team

Appointment/Election Date: 2007

Title/Board-Commission: Macomb County Domestic Violence Council

Appointment/Election Date: 2007

Title/Board-Commission: Know Resolve Executive Board-Youth suicide prevention & mental health prom.

Appointment/Election Date: 2012

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

No conflicts of interest.

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

I have no family members working for Macomb County, however, I was employed by Community Mental Health from1987-1997.

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

My position with the Macomb Intermediate School District is to be in service and support to the local 21 districts and provide technical assistance and consultation to them on such things as substance abuse prevention, intervention and resources for students who are at risk for substance use disorders. My appointment will benefit Macomb County because I am in a integral position to act as a liaision between the county and the schools. Further, I can provide useful information on how schools function and what will be beneficial to schools in the area of substance abuse prevention education.

I also run the Student Assistance Program Network meetings which are made up of school counselors and social workers who interface with our Substance Use/Abuse contract providers (CARE and MFS). This Student Assistance Program Network is set up to provide information, resources and networking opportunities for schools and community partners

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature:

Printed Name: Nancy Buyle

Date: 07/02/2014

Subscribed and sworn to before me this 2 day of July, 2014

Notary Public
Macomb County, Michigan

My Commission expires: November 6, 2014

DEBORAH PROHM
Notary Public, State of Michigan
County of Macomb
My Commission Expires Nov. 06, 2014
Acting in the County of Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Nancy Buyle
50619 Pembroke
Chesterfield, MI 48047
586-228-3439
nbuyle@misd.net

EMPLOYMENT

Macomb Intermediate School District- August, 2000-Present

School Safety/Student Assistant Consultant:

Provide support and training to school crisis response teams

Sponsor workshops to educate and support schools in crisis prevention/intervention, bullying prevention and suicide prevention/intervention

Provide technical assistance and support to local districts for the purpose of creating and maintaining safe and healthy schools

Coordinated State Homeland Security Grant

Coordinated and Directed Federal REMS Grant x2, and the Integrating Schools and Mental Health Grant

Chair of the Student Assistance Program Network

Represent MISD on UASI Local Planning Team, MERG, and Emergency Managers Coordinating Body

Macomb County Emergency/Hospital Services- August 1999-October 1999

M.I. Case Manager II-Job responsibilities included:

- Coordinating and monitoring children/adolescent crisis residential services
- Providing support and technical assistance to crisis residential service providers
- Coordinating discharge planning, and securing aftercare services.

Macomb County Ventures-Assertive Community Treatment- February 1991-February 1997.

M.I. Case Manager II, and key member of an inter-disciplinary team-Job responsibilities included:

- Direct case management services e.g., assessments, treatment planning, securing and maintaining entitlement, home and community based interventions, teaching life skills with primary focus on minimizing inpatient hospitalization, and improving clients' ability to maintain independent community living.

Macomb County Specialized Residential Services- August 1988-February 1991

M.I. Case Manager I-Job responsibilities included:

- Assessing referred clients for Adult Foster Care Placement
- Participating in placement review committee meetings in order to provide feedback regarding potential
- AFC candidates
- Coordinating placement of clients within AFC homes
- Providing extensive case management services to AFC home residents
- Monitoring activities of the AFC homes for any licensing violations
- Communicating these violations to providers and licensing representatives where appropriate
- Assisting mentally ill clients who lived independently to maintain independent community living.

EDUCATION

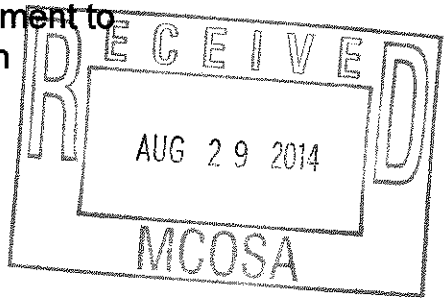
MA in Counseling Oakland University, 2005
BA in Psychology Oakland University, 1987

CERTIFICATIONS AND MEMBERSHIPS

- Michigan Social Worker License. I.D. No. 6801060167
- Michigan Counselor License I.D. No. 6401009646
- Michigan Psychologist Temporary Limited License I.D. No. 6301013212 expired
- National Institute for Trauma and Loss in Children. Certified as a Trauma and Loss Consultant and School
- Specialist.
- Macomb County Emergency Response Group volunteer
- Instructor for Mental Health First Aid-Youth

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission



TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder Oversight Policy Board

Term: 1-3 years; from October 1, 2014 (date/year) to October 1, 2017 (date/year)

1. Applicant Information

Name: Marya Drygalski

Residence Address: 18972 Johannes

City, Zip Code: Macomb, 48042

County of Residence: Macomb

Mailing Address (if different than above): N/A

Preferred Phone: 586-634-1197

Email: drygalski@att.net

Best method of contact: phone

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: USA

5. Employer: Renewal Center

Employer Address: 24401 Capital Blvd, Clinton Twp., MI 48036

Nature of your work: therapist

Position: Clinician

6. Educational level, degree(s) received, other relevant certification or endorsements:

LMSW - LICENSED MASTER'S IN SOCIAL WORK - UofM 1988
CAADC - CERTIFIED ADVANCED ALCOHOL AND DRUG COUNSELOR - MCBAP
CCS-M - CERTIFIED CLINICAL SUPERVISOR (For Addictions) - MCBAP
CEAP - CERTIFIED EMPLOYEE ASSISTANCE PROFESSIONAL - EAPA
INDUSTRIAL RELATIONS CERTIFICATE - 1988

7. I presently hold the following appointments and elected positions: N/A

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions: N/A

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

N/A

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

N/A

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

In my 24 years of experience in working in the counseling / addiction fields; I have had various experiences throughout the continuum of care - from treatment readiness/Motivation Enhanced Therapy, Assessment and level of care utilizing ASAM criteria, developing treatment plans, coordinating care, authorizing & reauthorizing care, to outpatient, IOP tx, Day tx, Inpatient, and recovery Services including half-way, 3/4 house, 12 step and peer support programs. I believe that these experiences have afforded me with the knowledge to develop best care practices at a policy/program development level, which will be an asset to a board of this nature.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Tina Vitale

Printed Name: Tina Vitale

Date: Aug 28, 2014

Subscribed and sworn to before me this 28 day of August 2014

Notary Public Macomb
Macomb County, Michigan

My Commission expires: October 23, 2017

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Application for Appointment or Re-Appointment to Macomb County Board/Commission

RECEIVED
AUG 28 2014
MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:
Substance Use Disorder Oversight Policy Board

Term: years; from (date/year) to (date/year)

1. Applicant Information

Name: Michael R Gentry
Residence Address: 4915 Hickory Court
City, Zip Code: Shelby Twp., MI 48315-3948
County of Residence: Macomb
Mailing Address (if different than above):
Preferred Phone: 586-899-8062
Email: mgentry@carmelafoods.com
Best method of contact: email

2. I am at least 18 years of age: (Yes) No
3. I am currently registered to vote: Yes (No)
4. Citizenship: USA
5. Employer: Carmela Specialty Foods
   Employer Address: 18350 15 Mile Road Fraser, MI 48026
   Nature of your work: Sales
   Position: Sales Representative

6. Educational level, degree(s) received, other relevant certification or endorsements:

- 2 years of college at Wayne State
- Michigan High School Athletic Association registered official since 1987.

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: N/A

Appointment/Election Date: N/A

Title/Board-Commission: N/A

Appointment/Election Date: N/A

Title/Board-Commission: N/A

Appointment/Election Date: N/A

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: N/A

Dates Served: N/A

Title/Board-Commission: N/A

Dates Served: N/A

Title/Board-Commission: N/A

Dates Served: N/A

9. Have you been convicted of a felony? Yes (No)

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

NA

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

NA

12. Is this an application for re-appointment? Yes (No)

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I am an addict in recovery. I have chosen sobriety since January 1, 1989. I have a unique perspective of engaging both ends of the spectrum of substance abuse and all points in between. My vocation requires cooperation and communication as well as my avocation.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Michael R. Gentry

Printed Name: Michael R. Gentry

Date: 8/27/14

Subscribed and sworn to before me this 27th day of August 2014.

Notary Public
Macomb County, Michigan

My Commission expires: 3-3-2016

LAURA SZTAJER
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES ON MARCH 3, 2016
ACTING IN THE COUNTY OF Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder (SUD) Oversight Policy Board

Term: 3 years; from _____ (date/year) to _____ (date/year)

1. Applicant Information

Name: Dana Arthur Gire

Residence Address: 37567 Radde Street

City, Zip Code: Clinton Township, MI 48036

County of Residence: Macomb

Mailing Address (if different than above): same

Preferred Phone: (586) 463-0337

Email: dagire3@gmail.com

Best method of contact: email or phone

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: USA

5. Employer: Retired from Macomb County Office of Substance Abuse in 2010

Employer Address:

Nature of your work: Prevention Planning and Administration

Position: Prevention Coordinator

6. Educational level, degree(s) received, other relevant certification or endorsements:

B.A. International Studies, Certified Prevention Consultant (CPC-R)

7. I presently hold the following appointments and elected positions:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

My wife and I both receive retirement benefits from our employment with the County.

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

My wife, Sharon Gire, was a member of the Macomb County Board of Commissioners in the 1980's.

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I worked as a professional in the alcohol and drug abuse field for 39 years. Most of that time was spent in leadership roles in substance use disorder prevention. More than 25 years were spent as the Prevention Coordinator for the Macomb County Office of Substance Abuse. During my career, I served as the Chairperson of the Michigan Prevention Association, the Prevention Committee of the Michigan Certification Board for Prevention Professionals, the Prevention Work Group for the Michigan Association of Substance Abuse Coordinating Agencies, the FACE alcohol policy organization and many other projects and sub-committees. Much of the work in these organizations was focused on policy issues. I was pleased to provide the staffing for the MOP-UP association of health and law enforcement professionals who promoted and helped gain passage of state law to control and monitor prescription drug diversion and abuse. I was also pleased to receive awards and recognition for my prevention work from the Drug Enforcement Agency, the Michigan Association of Substance Abuse Coordinating Agencies, and the Michigan Prevention Association. I believe that my history and experiences will allow me to bring an informed and broad perspective to the issues being considered by the new Substance Use Disorder Oversight Policy Board.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Dana A Gire

Printed Name: Dana A. Gire

Date: August 25, 2014

Subscribed and sworn to before me this 25TH day of AUGUST 2014

Notary Public
Macomb County, Michigan

My Commission expires: Oct. 26, 2016

CHERYL A. MORK
Notary Public, State of Michigan
County of Macomb
My Commission Expires: Oct. 26, 2016
Acting in the County of MACOMB

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Macomb County Board of Commissioners

Term: 3 years; from October 1, 2014 (date/year) to October 1, 2017 (date/year)

1. Applicant Information

Name: Barry J. Gross

Residence Address: 36173 Monroe St.

City, Zip Code: New Baltimore, 48047

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586-871-8845

Email: npmcmedical@yahoo.com

Best method of contact:

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: United States

5. Employer: North Point Medical Center

Employer Address: 9838 Dixie Highway, Fair Haven, MI 48023

Nature of your work: Healthcare Professional

Position: Physician

6. Educational level, degree(s) received, other relevant certification or endorsements:

College of Osteopathic and Surgery(DesMoinesUniversity), degree: OsteopathicPhysician
Pennsylvania State University, B.S. Microbiology and Pre-med.
Abraham Lincoln H.S. Diploma Academic College Block
Family and Addiction Medicine Certification, active member of multiple societies within fields of practice

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: N/A

Appointment/Election Date: N/A

Title/Board-Commission: N/A

Appointment/Election Date: N/A

Title/Board-Commission: N/A

Appointment/Election Date: N/A

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: N/A

Dates Served: N/A

Title/Board-Commission: N/A

Dates Served: N/A

Title/Board-Commission: N/A

Dates Served: N/A

9. Have you been convicted of a felony? ☐Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

N/A

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

N/A

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission? N/A

Please indicate your attendance record for term(s) served:

Number of meetings attended N/A Number of meetings held N/A

Comments/Clarification (if necessary)

N/A

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I have former and current interests in addiction diagnosis and treatment and long term management of substance abuse. Below are noted some of the professional experiences I have been associated and may qualify me for further consideration.
I have provided inpatient and outpatient treatment since a medical student and practicing physician. Past related activities I participated in include patients in recovery in an in-patient setting beginning in 1978 through 1983 at Harrison Community Hospital. I have been a member of the American Society of Addiction Medicine (2004); and a completed application and successful membership with the American Board of Addiction Medicine, upon its inception in the year of 2008. I was affiliated with Harbor Oaks Hospital and managed pain control issues for the psychiatric unit, 2005 and 2006. I was an alternate and on call physician for the Macomb County Jail, 2008-2011. I was medical officer for the Macomb County Juvenile Justice Center, 2008-2012. I now spend most of my professional time actively counseling a population of opioid addicts.
I feel given my level of interest and breadth of exposure I would hope to contribute to the experience of the board and continue the effort to establish a healthier and more responsible Macomb County.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Barry J. Gross

Printed Name: Barry J. Gross

Date: 08/29/2014

Subscribed and sworn to before me this 29th day of August, 2014

Janet L. Arntfield
Notary Public
Macomb County, Michigan

My Commission expires: April 5, 2015

JANET L. ARNTFIELD
Notary Public, State of Michigan
County of Macomb
My Commission Expires Apr. 05, 2015
Acting in the County of

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Curriculum Vitae 2013

Barry J. Gross, D.O.

Location of Practice: North Point Medical Center
9838 Dixie Highway
Fair Haven, MI 48023

Clinical Positions: Medical Officer: Private Practice, North Point Medical Center

HPRP Consulting Addiction Medicine Specialist (2010-current)

Macomb Juvenile Justice Center (2008-current)
Mt. Clemens, MI 48042. (CMS,CCS)

Macomb County Correctional Facility (2008-2012)
Mt. Clemens, MI 48042, (CMS, CCS)

Calhoun County Detention Facility (2008-2009)
Battle Creek, MI 49014.Interim Clinical Director

Harbor Oaks Psychiatric Hospital (2005-2006)
New Baltimore, MI 48047

Interim Medical Admission Officer (1996)
Sacred Heart Alcohol & Substance Treatment Center
Memphis, MI 48041

Team Physician, JV and V Football and Wrestling Teams (1995-2003)
Anchor Bay High School
New Baltimore, MI 48047

Medical Director (1994-2004)
Assisted Living Center, Church of Christ Care Center and
Assistant Medical Director of Nursing Home Christ Care Center
Clinton Township, MI 48035

Alcohol Detox/Recovery Unit (1978-1983)
Harrison Community Hospital
Harrison Township, MI 48045

President and Administrator of North Point Medical Center(Clinic)
Fair Haven, Mi 48023
(1977-current)

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

RECEIVED
AUG 29 2014
MCOSA

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder Oversight Policy

Term: 3 years; from 10/14 (date/year) to 10/17 (date/year)

1. Applicant Information

Name: Rondenick Johnson

Residence Address: 35 Diehl Dr

City, Zip Code: Mount Clemens, MI 48043

County of Residence: MACOMB

Mailing Address (if different than above): N/A

Preferred Phone: 586-707-5656 (c)

Email: Johnson1185R@hotmail.com

Best method of contact: Cell - 586-707-5656

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: AMERICAN

5. Employer: DISABLED

Employer Address: —

Nature of your work: —

Position: N/A

6. Educational level, degree(s) received, other relevant certification or endorsements:

Associates - General education
Associates - Security Administration

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: N/A

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: N/A

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

NO,

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

NONE

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission? —

Please indicate your attendance record for term(s) served:

Number of meetings attended | Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I have been a life-long resedence of Macomb county. I have personally seen ~~Drug use effect~~ the effect of Drug use on the community.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Rondrick Johnson

Printed Name: Rondrick Johnson Rondrick Johnson

Date: 8/25/14 8/29/14

Subscribed and sworn to before me this 29th day of August 2014

Notary Public
Macomb County, Michigan

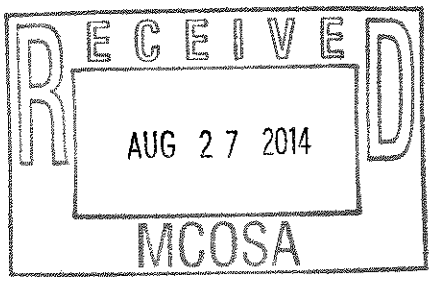
My Commission expires: 7-6-19

JENNIFER BOHR
Notary Public - Michigan
Macomb County
My Commission Expires Jul 6, 2019
Acting in the County of Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Application for Appointment or Re-Appointment to Macomb County Board/Commission



STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:
Substance Use Disorder Oversight Policy Board

Term: 1-3 years; from October 1st, 2014 (date/year) to October 1st, 2017 (date/year)

1. Applicant Information

Name: Dr. Robert William Kirchoff

Residence Address: 53881 Meadowview Lane

City, Zip Code: New Baltimore, MI 48047

County of Residence: Macomb

Mailing Address (if different than above): 32100 Utica Rd Fraser MI 48026

Preferred Phone: 586-623-9584

Email: robertkirchoff@trafficsafetymacomb.org

Best method of contact: Phone

2. I am at least 18 years of age: ☑ Yes ☐ No

3. I am currently registered to vote: ☑ Yes ☐ No

4. Citizenship:

5. Employer: Traffic Safety Association of Macomb County

Employer Address: 32100 Utica Rd Fraser, MI 48026

Nature of your work: Director; Substance abuse education, prevention, and traffic safety

Position: Director

6. Educational level, degree(s) received, other relevant certification or endorsements:
   Doctor of Medicine; 2012 - Ross University School Medicine / Mayo Clinic
   Bachelor of Arts; 2007 - Chemistry / Biology - Albion College

7. I presently hold the following appointments and elected positions:

   Title/Board-Commission:

   Appointment/Election Date:

   Title/Board-Commission:

   Appointment/Election Date:

   Title/Board-Commission:

   Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

   Title/Board-Commission:

   Dates Served:

   Title/Board-Commission:

   Dates Served:

   Title/Board-Commission:

   Dates Served:

9. Have you been convicted of a felony? ☐Yes ☑ No

   If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.
No

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

12. Is this an application for re-appointment? ☐ Yes ☑ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended | Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:
As co-director and long time affiliate of Traffic Safety Association of Macomb County, I have been actively involved with substance abuse education and prevention since 2003. With my recent appointment as Co-Director of Traffic Safety Association, I have transitioned into a leadership position within the agency and have been actively working to continue to find opportunities to serve Macomb County and continue our mission to provide outstanding education and support to members of our community. In addition to my affiliation with Traffic Safety Association and the Alcohol Highway Safety Program, I am a physician with extensive experience with substance abuse and addiction. My experience working for the Wayne State University Physician Group during my residency in Internal Medicine has exposed me to a wide variety of patients suffering from a broad range of addictions, making the topic of substance abuse prevention, treatment, and education an area of particular interest to me both as a physician and as a leader in the community.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: [signature]

Printed Name: Robert W. Kirchoff

Date: 8/25/14

Subscribed and sworn to before me this 25 day of August 2014

Notary Public
Macomb County, Michigan

My Commission expires: 05/24/2020

Roslynn Ann Woloszyk

ROSLYNN ANN WOLOSZYK
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF MACOMB
My Commission Expires May 24, 2020
Acting in the County of MACOMB

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Robert W. Kirchoff, M.D.

53881 Meadowview Lane
New Baltimore, MI 48047
Cell: 586-623-9584
E-mail: rkirchof@med.wayne.edu

EDUCATION

Ross University School of Medicine
Brunswick, NJ — 2008 – 2012
Freeport, Grand Bahama
Doctor of Medicine (2012)
Honors

Albion College
Albion, MI — 2003 - 2007
Bachelor of Arts, Biology / Chemistry
Alpha Phi Omega (Service Fraternity)
BBB (Biology Honors)

INTERNSHIP

Mayo School of Graduate Medical Education
Mayo Clinic
Rochester, MN
Department of General Surgery — 2012 – 2013
PGY-1 General Surgery Resident (Preliminary)

RESIDENCY

Wayne State University School of Medicine
Wayne State University / Crittenton Hospital
Rochester Hills, MI
Department of Internal Medicine — 2013 – Present
Senior Internal Medicine Resident

PROFESSIONAL AFFILIATIONS

American College of Surgeons — 2009 – Present
American College of Physicians — 2013 – Present

RESEARCH EXPERIENCE & PUBLICATIONS

Kirchoff, R., Aho, J., Saint-Cyr, M. *Lumbar and Thoracic Perforators: Vascular Anatomy and Clinical Implication; Journal of Plastic and Reconstructive Surgery* (Accepted for publication in Journal of Plastic and Reconstructive Surgery)

Kirchoff, R. (2011, September). ***The Cost of Non-Compliance: An Advanced Presentation of Lower Extremity Gangrene in an Uncontrolled Diabetic***.. Poster presented at: American College of Physicians Regional Conference; Grand Rapids, MI

Kirchoff, R., Aho, J., Saint-Cyr, M. *Case Report: Coverage of an Extensive Lumbo-sacral Defect with Quadruple Pedicle Perforator Flaps (submitter for publication in Microsurgery)*

MILITARY SERVICE

United States Army — 2002-2006
Specialist (E-4)
323rd Combat Support Hospital
91-W (reclassed) – Health Care Specialist (Formerly known as Medic)
77-F – Petroleum Supply Specialist

Traffic Safety Association of Macomb County

32100 Utica Road, Fraser, MI 48026 Phone: (586) 293-5880 Fax: (586) 293-4668
e-mail: info@trafficsafetymacomb.org website: www.trafficsafetymacomb.org

DIRECTOR OF OPERATIONS
Christopher J. Lineberger

DIRECTOR OF MARKETING AND BUSINESS DEVELOPMENT
Robert W. Kirchoff, MD

EXECUTIVE COMMITTEE

President
John Russi
Moore, Penna & Associates

Vice-President
Artie Martin
Macomb Safe Kids

Treasurer
William D. Schuster
Fifth Third Bank (retired)

Secretary
John Bozymowski
Macomb Intermediate School District

Directors

Kenneth Bovenschen
Macomb Community College
Law Enforcement

Robert Cannon
Township of Clinton

Donald J. Castle
General Motors Corporation
(retired)

Ronald Chriss
DTE Energy

Dr. DiAnne Pellerin
L'Anse Creuse Public Schools
(retired)

Macomb County CMH Board
22550 Hall Rd
Clinton Twp, MI 48036

August 18th, 2014

Board Members and Colleagues,

It is with great pleasure that I apply for appointment to the newly created Substance Use Disorder Oversight Policy Board. As a lifelong resident of Macomb County, Physician, and Co-Director of the Traffic Safety Association of Macomb County / Alcohol Highway Safety Program, I was very pleased to learn of the creation of this board. My interest in substance abuse education, prevention, and treatment is long standing and deep rooted in our community. I have over a decade of experience working for Traffic Safety Association of Macomb County, an non-profit agency that has been serving our county since 1965. In my various roles at TSA, I have developed and taught numerous programs and curriculums related to substance abuse education and prevention, ranging from teen smoking cessation, adult and youth alcohol and drug abuse classes, as well as courses for repeat drunk driving offenders. With my recent appointment as co-director, I have been working to develop new programs to meet the ever changing needs of our community so as to continue our mission to fight the epidemic of drug abuse that has plagued our county.

In addition to my long time involvement with TSA, I am also a Physician with the Wayne State University Physician Group. My experiences during my Internal Medicine residency at Wayne State have given me extensive exposure to the substance abuse population. It is through these combined experiences that I have developed a passion for education based prevention as a means to help cease the development of problems before they start

As a member of your board I would offer a unique perspective on substance abuse and extensive experience both as an educator and a health care provider.

I regret that I am unable to attend the interview on September 8th, as I will be out of town, however I encourage you to call me via cell phone at 586-623-9584 for a phone interview. I would also be happy to arrange for a Skype interview.

Best Regards,

Robert W. Kirchoff, M.D.
Co-Director
Traffic Safety Association of Macomb County
RobertKirchoff@trafficsafetymacomb.org
Office: 586-293-5880

TRAFFIC SAFETY
Association of Macomb County

MAYO CLINIC

200 First Street SW
Rochester, Minnesota 55905
507-284-2511

September 5, 2012

Applicant Name: Robert William Kirchoff, M.D.
AAMC ID Number: 12611156
Specialty to which the applicant is applying: General Surgery
The applicant waives his/her right to view the content of the letter under the Family Educational Rights and Privacy Act (FERPA).

Dear Program Director,

It is an honor to write a letter of recommendation on behalf of Dr. Robert Kirchoff. I became acquainted with Dr. Kirchoff while he worked as an intern on my chief resident general surgery service. We worked closely together for seven weeks at the beginning of the academic year (July 2012). Additionally, we have continued to interact on a professional basis intermittently since that time. My comments regarding Dr. Kirchoff are based on those interactions that we have had since the beginning of the academic year.

For many interns, Mayo Clinic can be a very intimidating place. It takes an outgoing and confident person to succeed and thrive at this institution. From the beginning, I was impressed that Dr. Kirchoff never attempted to shirk any assignment by saying "I do not know how to do that". Instead, I found it refreshing that his response was always along the lines of "I will figure it out".

In the era of work hour restrictions, efficiency is imperative. I was always impressed that Dr. Kirchoff always finished all of his work and never violated any duty hours. I found that he was effectively able to prioritize his work and judge what could wait until tomorrow and what had to be done immediately. Discharges were done timely, and patient care was superb.

I had the opportunity to observe Dr. Kirchoff interacting with numerous patients while we worked together. I know that patients found him to be personable and empathetic. I observed him to develop a close relationship with several of our long-term patients. He definitely cares for and knows how to take care of patients who are sick.

Finally, a trait that I found refreshing in Dr. Kirchoff is his ability to build on and constructively accept criticism. Not being far removed from my own intern year, I know that it can be difficult to hear criticism from all angles. I never saw Dr. Kirchoff get down on himself, become angry, lash out, or criticize others for giving him feedback. He always had an upbeat attitude and built upon the feedback he was offered.

To summarize, I highly recommend Dr. Kirchoff for a position in your Residency Program. I know that he will excel wherever he is accepted. I know that I will be recommending him highly to our program director.

Do not hesitate to contact me to discuss his application.

Sincerely,

Jeffrey S. Seow
Chief Resident General Surgery
Instructor in Surgery
College of Medicine

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Macomb County Oversight Policy Board

Term: [ ] years; from 10/1/2014 (date/year) to [ ] (date/year)

1. Applicant Information

Name: MARK MICHAEL KORAI

Residence Address: 8529 KENNEDY CIRCLE, Ste. 8

City, Zip Code: WARREN, MI

County of Residence: MACOMB

Mailing Address (if different than above): 150 North Main St. Plymouth MI 48170

Preferred Phone: (734) 459-4040

Email: mmkorai@sbcglobal.net

Best method of contact: email

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: U.S.A.

5. Employer: Self-employed

Employer Address: 150 North Main Street Plymouth, MI 48170

Nature of your work: LAW

Position: Attorney

6. Educational level, degree(s) received, other relevant certification or endorsements:

A.A MACOMB COMMUNITY COLLEGE
A.G.S. MACOMB COMMUNITY COLLEGE
B.A. PSYCHOLOGY
J.D. THOMAS M. COOLEY LAW SCHOOL

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: STATE REP OF MICHIGAN REP. ASSEMBLY
Appointment/Election Date: SEPT. 2013 - PRESENT
Title/Board-Commission:
Appointment/Election Date:
Title/Board-Commission: PRECINCT DELEGATE - REPUBLICAN
Appointment/Election Date: AUGUST 2008 - PRESENT

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: NOTARY PUBLIC
Dates Served: 1988 - 1992
Title/Board-Commission: MACOMB COUNTY SUBSTANCE ABUSE ADVISORY COUNCIL
Dates Served: FEBRUARY 2011 - PRESENT
Title/Board-Commission:
Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

None

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

None

12. Is this an application for re-appointment? ☒ Yes ☐ No

If yes, how many years have you served on this board/commission? 3.5 years

Please indicate your attendance record for term(s) served:

Number of meetings attended 34 Number of meetings held 36

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I have served on the Macomb County Substance Abuse Advisory Council since Feb 2011 and have had litigation experience regarding civil Med-caid fraud prosecutions involving substance abuse providers.

I also studied Food and Drug Law in in law school and litigated cases involving substance abuse issues at the civil and Criminal level

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Mark Michael Kow

Printed Name: Mark Michael Kow

Date: August 7, 2014

Subscribed and sworn to before me this 7TH day of AUGUST, 2014

Marianne A. Frak

Notary Public
Macomb County, Michigan

MARIANNE A. FRAK
Notary Public, State of Michigan
County of Macomb
My Commission Expires Nov. 14, 2018
Acting In the County of MACOMB

My Commission expires: 11-14-18

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder Oversight Policy Board

Term: 3 years; from 10/1/2014 (date/year) to 10/1/2017 (date/year)

1. Applicant Information

Name: Karen LaForest

Residence Address: 46895 Foxtail Court

City, Zip Code: Macomb 48044

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: (586) 228-2450

Email: laforestk@michigan.gov

Best method of contact: phone or email

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: USA

5. Employer: State of Michigan/Bureau of Children and Adult Licensing/Department of Human Services

Employer Address: 51111Woodward Avenue, Suite 4B, Pontiac, MI. 48342

Nature of your work: Conduct Licensing Inspections for AFC facilities and also conduct special investigations.

Position: Adult Foster Care Licensing Consultant

6. Educational level, degree(s) received, other relevant certification or endorsements:

Master's degree in guidance and counseling, Master's degree in Administration and a licensed counselor through the State of Michigan. Active member the past 7 years in the Naranon program attending meetings weekly.

7. I presently hold the following appointments and elected positions:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

No.

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

None

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended ____ Number of meetings held ____

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I have the educational background and work experience with residents living in licensed homes who are dual diagnosed with mental illness and substance abuse. In addition, I have a son who is an addict and who has been admitted for treatment in drug rehabilitation facilities multiple times. I have also been a regular member of Naranon for 7 years and understand the importance of a recovery program and support system, not only for addicts to remain drug free through Narcotics Anonymous, but also support for families of addicts to gain an understanding of substance abuse addiction and tools for the family to change their behavior towards the addict.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Karen J. LaForest

Printed Name: KAREN J. LAFOREST

Date: 9/2/14

Subscribed and sworn to before me this 2 day of September 2014

Notary Public
Macomb County, Michigan

My Commission expires: 2/25/2021

JENNIFER DAWSON
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Feb 25, 2021
ACTING IN COUNTY OF Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder Oversight Policy Board

Term: 3 years; from 10/1/2014 (date/year) to 10/1/2017 (date/year)

1. Applicant Information

Name: Ellen Monroe

Residence Address: 39386 Sunderland Dr.

City, Zip Code: Clinton Township, 48038

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586-412-9034

Email: eemonroe@yahoo.com

Best method of contact: email

2. I am at least 18 years of age: ☑ Yes ☐ No

3. I am currently registered to vote: ☑ Yes ☐ No

4. Citizenship: U.S.A.

5. Employer: Retired

Employer Address:

Nature of your work:

Position:

6. Educational level, degree(s) received, other relevant certification or endorsements:

Post graduate, Masters Degree, business

7. I presently hold the following appointments and elected positions: none

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions: none

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐Yes ☑No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? * NO
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices. NONE

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended | Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I believe my appointment would benefit Macomb County for these reasons.

1) in recovery since 1982
2) my lack of experience serving on a board should create objectivity
3) current volunteer at Macomb County Jail, facilitating support group
4) ongoing interest in treatment options and effectivity

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Ellen Monroe

Printed Name: Ellen Monroe

Date: 8-27-2014

Subscribed and sworn to before me this 27TH day of AUGUST 2014

Marianne A. Frak

Notary Public
Macomb County, Michigan

My Commission expires: 11-14-2018

MARIANNE A. FRAK
Notary Public, State of Michigan
County of Macomb
My Commission Expires Nov. 14, 2018
Acting in the County of Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

ELLEN MONROE

39380 Sunderland Drive
Clinton Township, Michigan 48038

Phone: 586-321-1128
Email: eemonroe@yahoo.com

CAREER SUMMARY

Marketing / Customer Service professional with extensive experience in both financial services and automotive related fields. Expertise in program implementation, quality control and management information systems. Strong interpersonal communication skills and a high degree of efficiency with relevant computer hardware and software.

PROFESSIONAL EXPERIENCE

GENERAL MOTORS, Detroit, MI — 1982 – 2009

Analyst / GM Fleet, and Commercial, Specialty Vehicles — 2004 – 2009
Ensured proper documentation for new shipping locations, processed requests to move units from upfitter to final dealer. Provided support for upfitters and dealers as needed.

- Met or exceeded prescribed deadlines, successfully navigated new GM delivery system.
- Successfully resolved transportation conflicts.
- Set up, gained approvals for, and communicated new shipping locations.
- Analyzed and resolved monthly delivery issues.

Analyst / GM Fleet and Commercial, Rental Sales — 2000 – 2004
Developed rental sales forecast, update contract numbers and actual production figures.

- Collaborated with multiple internal contacts to consistently provide current, accurate forecasts.

Copywriter / Editor, GM Marketing Support Services — 2000 – 2003
Managed all facets of web site designed as both a sales and informational portal. Developed sales and marketing copy to promote new web site.

- Completed development of gmdealerdirect.com and launched to dealer community.
- Saved programming dollars by incorporating PDF files into dealer Management Reports.
- Provided training and support to MSS Program Headquarters and GM dealers.

Analyst /Cash Management, GMAC — 1999 – 2000
Completed bank analysis, managed all aspects of electronic lockbox.

- Developed testing criteria and deployed new software to banking group.
- Developed strategy to offset bank service charges in bank analysis.

Marketing Analyst, GMAC — 1993 – 1999
Increased dollar outstandings and customer satisfaction with GMAC investment program.

- Developed database for use in measuring results of marketing efforts.
- Created methods to target market to specific demographics.
- Decreased program cost with enrollment form redesign, finding alternate vendors for paper supplies, and combining and eliminating post office boxes.

Supervisor, GMAC — 1987 – 1993
Supervised the employees providing customer support for GMAC investment program.

- Successfully managed automated call distributor and developed methods to measure phone representative's skills.
- Resolved long-term issue with payroll deduction system resulting in significant dollar refund to GMAC.

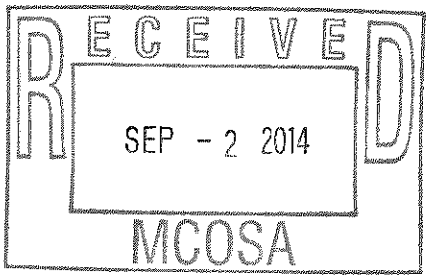
Various clerical positions — 1982 – 1987

EDUCATION

MBA, Baker College, 1998
Bachelor of Business Administration, Walsh College, 1982

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission



STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder Oversight Policy Board

Term: 3 years; from 10/01/2014 (date/year) to 10/01/2017 (date/year)

1. Applicant Information

Name: Christine M. Nowakowski

Residence Address: 18620 DeVisscher

City, Zip Code: Clinton Township 48036

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586 465 1615

Email: tina.nowakowski@gmail.com

Best method of contact: e-mail

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: USA

5. Employer: Retired from Hamtramck Public Schools

Employer Address:

Nature of your work: Elementary Teacher

Position: Grade 5 Teacher

6. Educational level, degree(s) received, other relevant certification or endorsements:

Master of Education Degree Wayne State Unversity,
Bachelor of Arts Degree University of Detroit Mercy

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: N/A

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: Hamtramck Human Relations Commission

Dates Served: 1997-2000

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

None

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

None

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission? N/A

Please indicate your attendance record for term(s) served:

Number of meetings attended ____ Number of meetings held ____

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I am a twelve year resident of Macomb County. During this time , my family has been impacted by the terrible stigma of drug addiction. As my family and I worked to find recovery opportunities and programs for our son, we realized that much work needs to be done. Programs are difficult to find and costly. Often it is necessary to leave Macomb to seek recovery.

I believe participation in this newly formed commission can have a direct, positive impact on the life of both the addict and their families in Macomb County.

As a former educator I am able to utilize my skills in communicating plans and programs to the community in an outreach format.

I look forward to this opportunity to make a positive impact on the Substance Use disorder Oversight Policy Board.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Christine M. Nowakowski

Printed Name: Christine M. Nowakowski

Date: 09/01/2014

Subscribed and sworn to before me this 2 day of SEPTEMBER 2014

Notary Public
Macomb County, Michigan

My Commission expires: MAY 17, 2017

JULIE BOIKE
Notary Public State of Michigan
County of Macomb
My Commission Expires May 17, 2017
Acting in the county of MACOMB

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

SUD Oversight Policy Board

Term: 3 years; from 10-14 (date/year) to 10-17 (date/year)

1. Applicant Information

Name: Kathleen M Rager

Residence Address: 34240 Virgil

City, Zip Code: Harrison Township 48045

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586-791-4875

Email: kmrager@hotmail.com

Best method of contact: email

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: US

5. Employer: Retired / Past CEO CARE of SEM - 2012

Employer Address: 31900 Utica Road, Fraser 48026

Nature of your work: Executive Director

Position: CEO

6. Educational level, degree(s) received, other relevant certification or endorsements:

Master of Science/Administration

7. I presently hold the following appointments and elected positions:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: Juvenille Justice Advisory / Disbanned

Dates Served: Approximately 2005 - 2008

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

No

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

Sister deceased - 2001 Dispatch Sheriff Department

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended NA Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

Past served on the Substance Abuse Advisory Council - Approximately 15 years

Instrumental in establishing Greater Macomb Project VOX - Grass roots advocacy to decrease stigma related to substance use disorders, increase treatment funding.

Familar and experience with systems / programs including DHS, Prison reentry, CMH, MISD / education

During employment served on multiple boards / committees to further integration of services to Macomb County Population.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Kathleen M. Rager

Printed Name: KATHLEEN M. RAGER

Date: August 25, 2014

Subscribed and sworn to before me this 25TH day of AUGUST 2014

Notary Public
Macomb County, Michigan

My Commission expires: Oct. 26, 2016

CHERYL A. MORK
Notary Public, State of Michigan
County of Macomb
My Commission Expires: Oct. 26, 2016
Acting in the County of MACOMB

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder Oversight Policy Board

Term: 3 years; from Oct. 1, 2014 (date/year) to Oct. 1, 2017 (date/year)

1. Applicant Information

Name: Susan Smagacz

Residence Address: 14943 Alma

City, Zip Code: Sterling Heights

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586-321-7888

Email: hummingabout@yahoo.com

Best method of contact: phone

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: US

5. Employer: Fancy Paws Pet Salon

Employer Address: 41740 Hayes Clinton Twp.

Nature of your work: Pet Styling

Position: Owner/Operator

6. Educational level, degree(s) received, other relevant certification or endorsements:

High school graduate/Trade school certificate

7. I presently hold the following appointments and elected positions:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

none

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

none

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I just recently lost my son to drugs He was 30 years old,. I have dealt with his addiction an mental health for 13 years. I have stood by his side the entire time. I've dealt with the legal system .community of mental health. and rehab facilities all over the state. I have some really good ideas to try to implement into the system. This would be the perfect start to help educate the community , local officials,(jails), about the connection between mental heath and substance abuse. MY experience is from being a mother ,an the unconditional love one puts out , an in hopes to help educate others that are experiencing the same to raise awareness.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Susan M Smagacz

Printed Name: Susan Smagacz

Date: 09-03-2014

Subscribed and sworn to before me this 3rd day of September, 2014.

R. Patel

Notary Public
Macomb County, Michigan

My Commission expires: 1st April, 2020.

RAMESH C PATEL
Notary Public, State of Michigan
County of Macomb
My Commission Expires Apr. 1, 2020
Acting in the County of Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Macomb County CMH Substance Use Disorder Oversight Policy Board

Term: [ ] years; from 10/1/2014 (date/year) to [ ] (date/year)

1. Applicant Information

Name: Joanne Smyth

Residence Address: 53512 Mary Ann Lane

City, Zip Code: New Baltimore, MI

County of Residence: Macomb

Mailing Address (if different than above): n/a

Preferred Phone: 586-716-9190

Email: joannesmyth@att.net

Best method of contact: phone or email

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: USA

5. Employer: Retired from Clinton Counseling Center

Employer Address:

Nature of your work:

Position:

6. Educational level, degree(s) received, other relevant certification or endorsements:

Masters of Education from University of Michigan

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: Macomb County Substance Abuse Advisory Council

Appointment/Election Date: September 1, 1996

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

No

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

12. Is this an application for re-appointment? ☒ Yes ☐ No

If yes, how many years have you served on this board/commission? 26

Please indicate your attendance record for term(s) served:

Number of meetings attended 25 Number of meetings held 33

Comments/Clarification (if necessary)

33 meetings held during current term (9/1/11 to 6/4/14)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I was the Executive Director of a community agency for 28 years serving youth and adults with substance abuse issues.

I have a son in recovery from alcohol abuse.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Joanne Smyth

Printed Name: JOANNE SMYTH

Date: 6-12-14

Subscribed and sworn to before me this 12th day of JUNE, 2014

Marianne A. Frak

Notary Public
Macomb County, Michigan

My Commission expires:

MARIANNE A. FRAK
Notary Public, State of Michigan
County of Macomb
My Commission Expires Nov. 14, 2018
Acting in the County of MACOMB

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Use Disorder Oversight Policy Board

Term: 3 years; from _____ (date/year) to _____ (date/year)

1. Applicant Information

Name: Barbara J. VanJaarsveld

Residence Address: 45449 Delmar Dr.

City, Zip Code: Macomb, MI 48044

County of Residence: Macomb

Mailing Address (if different than above): _____

Preferred Phone: 586-212-9140

Email: notsure@sbcglobal.net

Best method of contact: phone or email

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: USA

5. Employer: Art Van Furniture, Inc.

Employer Address: 6500 E. 14 Mile Road, Warren, MI

Nature of your work: Legal Department

Position: Legal Assistant

6. Educational level, degree(s) received, other relevant certification or endorsements:

Associates Degree of Applied Science-Paralegal Studies

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: N/A

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: N/A

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

After seeing the havoc in families with substance abuse issues, if there's any possibility for more prevention, assistance or whatever else can be done, I would love to be a part of it.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

No.

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

Julianne Kushel, previously employed as a health inspector

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

Although I can't say that I have any specific qualifications for the appointment, I do have a tremendous interest as I currently have two nephews who have addiction problems and are seeking treatment.

After seeing the havoc in families with substance abuse issues, if there's any possibility for more prevention, assistance or whatever else can be done, I would love to be a part of it.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Barbara J. VanJaarsveld

Printed Name: Barbara J. VanJaarsveld

Date: 9/2/14

Subscribed and sworn to before me this 2nd day of September 2014

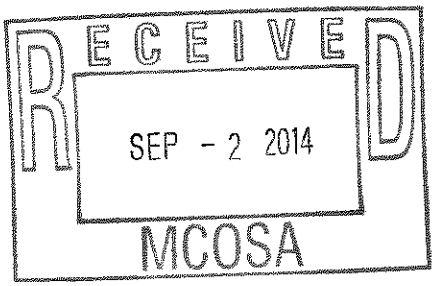
Notary Public
Macomb County, Michigan Jennifer Lunsford

My Commission expires: December 17, 2019

JENNIFER LUNSFORD
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Dec 17, 2019
ACTING IN COUNTY OF Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page



September 2, 2014

Macomb County CMH Board
22550 Hall Rd.
Clinton Township, MI 48036

Via Facsimile 586-469-5568

Dear Board Members:

Attached is my application for consideration by the Board for a volunteer position on the Substance Use Disorder Oversight Policy Board.

While I have no specific qualifications for the position, I do believe that my interest and enthusiasm to be an advocate for prevention, recovery and treatment services for substance abuse would compensate for the lack of any specific qualification, which I hope I would be able to learn. I currently have two nephews in substance abuse programs and truly understand the need.

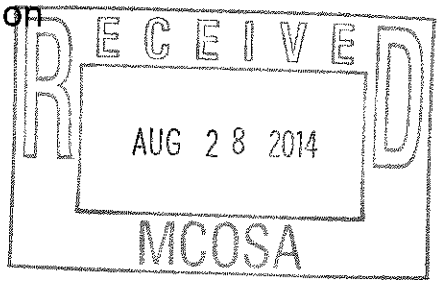
Thank you for your consideration, and I hope to hear from you.

Sincerely,

Barbara J. VanJaarsveld

Barbara J. VanJaarsveld
T: 586-212-9140
Email: notsure@sbcglobal.net

Application for Appointment or Re-Appointment to Macomb County Board/Commission



STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Abuse Disorder Oversight Policy Board

Term: 3 years; from October 1, 2014 (date/year) to October 1, 2017 (date/year)

1. Applicant Information

Name: Barbara Wagner

Residence Address: 21940 Shorepointe Lane

City, Zip Code: St. Clair Shores 48080

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 313.410.4894

Email: bbwags606@aol.com

Best method of contact: Either telephone or email

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: U.S.

5. Employer: Margaret Rice, Inc.

Employer Address: 78 Kercheval
Grosse Pointe Farms, MI 48236

Nature of your work: Retail Sales

Position: Sales Manager

BARBARA S. WAGNER
21940 Shorepointe Lane
St. Clair Shores, Michigan 48080
313.410.4894
bbwags606@aol.com

RECEIVED
AUG 28 2014
MACOMB COUNTY COMMUNITY
MENTAL HEALTH SERVICES

EMPLOYMENT

July, 2007 to present:	Margaret Rice, Inc. 78 Kercheval Grosse Pointe Farms Sales Manager
February, 2004 to present:	Owner Pretty Paper Home based stationery business Sales by appointment
August, 1983 to December, 1985:	Grosse Pointe Academy Secretary to Headmaster

EDUCATION

1977 to 1980:	Marygrove College Detroit, Michigan English Major

VOLUNTEER AND
COMMUNITY INVOLVEMENT

1994 to present:	Sigma Gamma Association Philanthropic Sorority
2004 to	Neighborhood Club Board of Trustees

Print Form

Application for Appointment or Re-Appointment to Macomb County Board/Commission

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Substance Abuse Advisory Council

Term: 3 years; from 9/2014 (date/year) to 9/2017 (date/year)

1. Applicant Information

Name: Barbara Wladischkin

Residence Address: 34318 Shearing Drive

City, Zip Code: Sterling Heights Michigan 48312

County of Residence: Macomb

Mailing Address (if different than above): same

Preferred Phone: 586 722-3718

Email: barbwlkin@yahoo.com

Best method of contact: e-mail or phone

2. I am at least 18 years of age: ☒ Yes ☐ No

3. I am currently registered to vote: ☒ Yes ☐ No

4. Citizenship: U.S.A.

5. Employer: Henry Ford Macomb Hospital, Beaumont Troy Hospital, St. Joseph Oakland Hospital

Employer Address: 19 Mile, Clinton Twp. MI, Woodard, Pontiac, MI, and Dequinder, Troy

Nature of your work: Registered Nurse

Position: Staff nurse in Labor and Delivery, and Neonatal Intensive care

6. Educational level, degree(s) received, other relevant certification or endorsements:

BSN, RN and RNC, Certification in Neonatal Nursing.

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: None

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: None

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? ☐ Yes ☒ No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

No

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

none

12. Is this an application for re-appointment? ☐ Yes ☒ No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

I have lived in Macomb county all of my life, I work in Labor and Delivery and NICU. I work with woman who are pregnant and have a substance abuse problems. I also work with their newborns who are born addicted and are going through withdraw. In my profession I have taken classes and have studied the effects of addiction on mothers and their newborns. I also have known people with substance abuse issues and have witnessed the devastation it causes to themselves their family and community. I see that this is a big problem in Macomb county and see it getting bigger In the future. I wish to be on this board as a community member. I would like to apart of the solution to this growing social problem.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: Barbara Ann Wladischkin

Printed Name: Barbara Ann Wladischkin

Date: 8/1/2014

Subscribed and sworn to before me this 1st day of August, 2014

Notary Public
Macomb County, Michigan

My Commission expires: March 4 2020

DESIREE A. THOMAS
Notary Public, State of Michigan
County of Macomb
My Commission Expires Mar. 04, 2020
Acting in the County of Macomb

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page