

Instructions

You may fill out this application on-line by tabbing between fields and selecting the green Submit at the bottom once complete.

If you prefer to submit a paper application you can select the Print button at the bottom of the page. Printed applications require an original signature and date noted. Any additional documents will need to be attached and then mailed to the address at the bottom of the form.

Must be a resident of Nevada County to apply.

Profile

Which Boards would you like to apply for?

Mental Health & Substance Use Advisory Board (Nevada County): Submitted

Question applies to multiple boards

Confirm your desired member position:

Board Member

Incumbent?

☐ Yes ☒ No

Thaddeus

Stoenner

First Name

Last Name

Home Address

Suite or Apt

Grass Valley

CA

95945

City

State

Postal Code

Mailing Address (if different from residence)

Business Address (Optional)

Supervisory District 1 through 5 (Available from Election Office, 265-1298)

None Selected

Time(s) available to attend meetings (days, evenings, etc.)

I'm flexible

Email Address

Business Email Address

Primary Phone

Alternate Phone

Are you currently employed with the County of Nevada?

☐ Yes ☒ No

Interests & Experiences

Experience: A resume, or additional sheets, may be attached containing any information that would be helpful to the Board in evaluating your application.

Education/Employment Experience

I'm a high school graduate with some college experience, but no degrees. I have worked in the Nevada County and Sacramento areas my whole life, doing a variety of jobs such as video clerk, warehouse manager, bookkeeper and peer supporter. I am currently a Co-director with Yuba Harm Reduction Collective, with a focus on maintaining our grants, providing peer support, and being a MAT case worker.

Community Experience and Affiliations

I work with Sierra Roots to help run the warming shelters in the winter. I previously volunteered and was an employee at Spirit Peer Empowerment Center. I helped found Nevada County Mutual Aid.

List any other County boards, commissions, or committees on which you have served:

Other experience you feel would be helpful to the Board of Supervisors in making this appointment:

I completed the Medi-Cal Peer Support training and have also taken the Peer Support class offered by Nevada County Behavioral Health. I have lived experience as an autistic person who has struggling with depression and anxiety, and used a lot of substances to compensate. I quit drinking 11 years ago, quit using Oxy Contin 7 years ago, quit using meth 4 years ago and stopped using Subutex 3 years ago.

References: Please list two references with telephone numbers

Upload a Resume

Agreement

Applicants may be required by State Law and County Ordinance to file a financial disclosure statement as part of the appointment process. The form may be viewed at <http://www.fppc.ca.gov>. An Oath of Office will be required upon appointment. I have reviewed the Financial Disclosure Statement requirement.

☒ I Agree

Applications must be filed with:

Clerk of the Board of Supervisors - County of Nevada

950 Maidu Ave.

Nevada City CA 95959-8617.

This application is a public document.

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