

**CONTRA COSTA COUNTY ADVISORY BOARDS, COMMISSIONS, OR
COMMITTEES APPLICATION FORM**

Name of Advisory Body applying for EMERGENCY MEDICAL CARE COMMITTEE


Application Form must be typed or hand printed

Name of Applicant: Kim Adams

Home Address: 5005 Marsh Dr.

City: Concord State: CA ZIP: 94520

Home Phone: (510) 376-5099 Work Phone: (707) 328-6956

Signature:  Date: 1-15-09

Personal Experiences, Skills, and Interests

Education/Background:

Occupation/Employer:

Community Activities:

Special Interests:

Information:

1. File completed application with Clerk of the Board. 651 Pine Street, Room 106, Martinez, CA 94553.
2. Members of some advisory bodies may be required to file annual Conflict of Interest Statements.
3. Address and other contact information provided on this application will be accessible to the general public.
4. Meetings of advisory bodies may be held in Martinez or in areas not accessible by public transportation.
5. Meetings may be held either in the evenings or during the day, usually once or twice a month.
6. Some boards assign members to subcommittees or work groups requiring additional time.
7. If you wish you may attach your resumé.

Reach