



Contra  
Costa  
County

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Accepted Rejected

## BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

**MAIL OR DELIVER TO:**

Contra Costa County

CLERK OF THE BOARD

651 Pine Street, Rm. 106

Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Advisory Council on Aging

Member-at-Large

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Richards (Last Name) Frances (First Name) Sheri (Middle Name)

2. **Address:** 340 Scottsdale Road (No.) Pleasant Hill, (Street) CA (State) 94523 (Zip Code)

3. **Phones:** (925) 825-4519 (Home No.) N/A (Work No.) (925) 351-7617 (Cell No.)

4. **Email Address:** sheririchards@comcast.net

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma ☐ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved Master of Science Degree

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) California State University Los Angeles	Counseling	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		90	MS	1973
B) Loyola-Marymount University	Sociology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	100		BA	1970
C) Antelope Valley Community College	Liberal Arts	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	90		AA	1968
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

6. PLEASE FILL OUT THE FOLLOWING SECTION CAREFULLY. This section is for individuals who have served or are currently serving on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  May 2014    Present</p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>                      5 Months</p> <p>Hrs. per week <u>6 hr/wk</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title  Consolidated Planning &amp; Advisory Workgroup</p> <p>Employer's Name and Address  * Monthly Aging &amp; Older Adult Comm  * Monthly CPAW Orientation Meetings  * Monthly CPAW Regular Meetings  2425 Bisso Lane, Concord, CA</p>	<p>Duties Performed  Commitment to 12 month CPAW Orientation</p> <p>Attendance and Participation in orientation and regular meetings in response to appointment to act as liaison to ACOA Health Workgroup.</p> <p>Participation in A &amp; OA Committee</p>
<p>B) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  Oct 2013    Present</p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>                      1 Yr      11 Mo</p> <p>Hrs. per week <u>2-4 hr/wk</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title  Advisory Council on Aging</p> <p>Employer's Name and Address  * Outreach &amp; Education Workgroup  Pleasant Hill, CA</p>	<p>Duties Performed  Participation 2x monthly planning meetings for first annual Disaster Preparedness for Families of Older Adults, May 15, 2014</p> <p>Continued planning for future programs</p>
<p>C) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  Fall 2012    Present</p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>                      1 Yr      10 Mo</p> <p>Hrs. per week <u>2 hrs</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title  Advisory Council on Aging</p> <p>Employer's Name and Address  * Health Workgroup  Pleasant Hill, CA</p>	<p>Duties Performed  Participation in monthly meetings focus on emergency and Health Services for Older Adults  Renew liaison with county agencies regarding Mental Health Issues for Older Adults  Report Aging &amp; Older Adult and CPAW information back to Health Workgroup with the plan of intentional advocacy and support</p>
<p>D) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  Sept 1978    July 2011</p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>                      33 yrs</p> <p>Hrs. per week <u>55</u> . Volunteer <input type="checkbox"/></p>	<p>Title  Saint Mary's College of CA</p> <p>Employer's Name and Address  SMC, Saint Mary's Rd, Moraga, CA</p> <p>Director of Counseling &amp; Psychological Services</p>	<p>Duties Performed  Administration &amp; primary provider of full range of mental health, social &amp; crisis intervention services for full-time undergrad students. Admin oversight of Alcohol &amp; Other Drug Awareness programs, clinical Intern program, ind, couple &amp; grp therapy, program design, outreach &amp; psychoeduc'l presentations. Consultation &amp; collaboration with faculty/staff/family</p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other refer'd: Dr. Robert Leasure &

\$ GAIL GARRET

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship: \_\_\_\_\_

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: (Frances) Sheri Richards Date: October 1, 2014  
Frances Sheri Richards Dec 1, 2014

### Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.



Copy 12/3/14

December 1, 2014

TO: Clerk of the Board

FROM: Frances Sheri Richards

RE: Required Training and CA Form 700

Enclosed please see proof of

1. Public Ethics Training
2. Brown Act and Better Governance
3. CA Form 700 (correct agency name)

I have also re-submitted my original application from Oct 6 and my resume to clarify that I have submitted my application for membership for "Advisory Council on Aging" before.

Respectfully,

Frances Sheri Richards  
Sheri Richards