

Contra Costa County California
Employment & Human Services

Kathy Gallagher, Director

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MEMORANDUM

DATE: 04/15/2015

TO: Family and Human Services Committee

CC: Lori Larks, Division Manager, Area Agency on Aging

FROM: Jaime Ray, Secretary for the Area Agency on Aging

SUBJECT: Advisory Council on Aging – Appointments Requested

The Contra Costa Area Agency on Aging (AAA) recommends for immediate appointment to the Contra Costa Advisory Council on Aging (ACOA) the following applicant: Ms. Teri Mountford for Member at Large Seat # 19. The MAL #19 Seat was previously held by Ms. Darlene Commiskey who has resigned effective 11/17/2014. MAL #19 was vacated on 1/20/2015 for a term ending September 30, 2015.

Recruitment has been handled by both the Area Agency on Aging, the ACOA and the Clerk of the Board using CCTV. AAA staff has encouraged interested individuals including minorities to apply through announcements provided at the Senior Coalition meetings and at the regular monthly meetings of the ACOA. The Contra Costa County EHSD website contains dedicated web content where interested members of the public are encouraged to apply and are provided an application with instructions on whom to contact for ACOA related inquiries, including application procedure.

Ms. Mountford was interviewed by members of the ACOA Membership Committee at their March 2015 meeting using the Council's standard informational interview format. The April minutes of the meeting record that the Council on Aging agreed by consensus to recommend the appointment of Ms. Mountford; please find a copy of the application for ACOA membership provided as a separate attachment.

Prior to the March meeting of the Council's Membership Committee and subsequent to the previous MAL appointment, there was one other MAL application received from Ms. Delores Hill who later withdrew her application. Ms. Mountford is being recommended for an MAL appointment to the Advisory Council on Aging.

Thank You



Contra
Costa
County

For Office Use Only
Date Received:

For Reviewers Use Only:
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:** Mountford Teri
(Last Name) (First Name) (Middle Name)

2. **Address:** 155 Midhill Rd., Martinez California 94553
(No.) (Street) (Apt.) (State) (Zip Code)

3. **Phones:** (925) 372-7846 (925) 405-2811
(Home No.) (Work No.) (Cell No.)

4. **Email Address:** mountfd@sbcglobal.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 _____

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) CSU, Fresno	Therapeutic Recreation	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	124		BS	12/77
B)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed: Certified Therapeutic Rec. Therapy	Course Studied	Hours Completed	Certificate Awarded: Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve 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> 2/02 9/14</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 12 years 6 months</p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title Program Manager</p> <hr/> <p>Employer's Name and Address City of San Ramon Parks and Community Services Dept. 2226 Camino Ramon, San Ramon, CA. 94583</p>	<p>Duties Performed Managed Senior Services, Therapeutic Recreation and Teen Programs. Duties included hiring, training, supervising and evaluation of staff and volunteers; budget preparation and management; programming; community outreach, social services; evaluating services and facility management. Oversight of San Ramon Senior Advisory Com</p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> 6/84 1/02</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 17 years 1 month</p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title Recreation Supervisor</p> <hr/> <p>Employer's Name and Address City of Anaheim 200 S. Anaheim Blvd. Anaheim, CA 92805</p>	<p>Duties Performed Supervised the Therapeutic Recreation Program for persons with developmental disabilities ages 5- adult, Tiny Tot Programs, Volunteer Program and one Community Center. Responsible for programming, hiring, training and evaluating staff and volunteers, budgeting, community outreach, social services.</p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week _____ . Volunteer <input type="checkbox"/></p>	<p>Title</p> <hr/> <p>Employer's Name and Address</p>	<p>Duties Performed</p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week _____ . Volunteer <input type="checkbox"/></p>	<p>Title</p> <hr/> <p>Employer's Name and Address</p>	<p>Duties Performed</p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☐ Other Through my job.

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: Lein Mountford Date: 3/3/15

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.