

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: ARTS & CULTURE COMMISSION DISTRICT I PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION PRINT EXACT SEAT NAME (if applicable) 1. Name: BURRELL, Y'ANAD (Last Name) (First Name) (Middle Name) 2. Address: 2519 DUKE AVENUE, RICHMOND, CA 94806 (No.) (Street) (Apt.) (City) (State) (Zip Code) 3. Phones: (510) 223-3747 (Home No.) (Work No.) (Cell No.) 4. Email Address: yanad@glasshousepr.com 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 Graduate Degree

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
San Francisco State University	Accounting	Yes No ⊠	60+		BS	1994
B) Golden Gate University	Public Administration	Yes No 🗵	30+		МРА	1999
Golden Gate University	Healthcare Adminstration	Yes No 🗵	30+		мна	2002
D) Other schools / training completed:	Course Studied	Hours Co	mpleted	Ce	ertificate Aw Yes No 🔲	

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.

A) Dates (Month, Day, Year)	Title	Duties Performed	
From To	CEO		
Jan. 2006 Pres.	** ** **	,	
	Employer's Name and Address		
Total: <u>Yrs.</u> <u>Mos.</u>		Public Relations, Media Relations, Strategic Communications, Fund	
9	Glass House Communications	Development	
	2201 Broadway St., #318		
Hrs. per week 40+ . Volunteer	Oakland, CA 94612		
* . *	2.		
B) Dates (Month, Day, Year)	Title	Duties Performed	
From To			
	*		
	Employer's Name and Address		
Total: <u>Yrs.</u> <u>Mos.</u>			
Hrs. per week			
C) Dates (Month, Day, Year)	Title	Duties Performed	
C) Dates (Month, Day, Year) From To	Title	Duties Performed	
	Title	Duties Performed	
	Title Employer's Name and Address	Duties Performed	
		Duties Performed	
From To		Duties Performed	
From To Total: Yrs. Mos.		Duties Performed	
From To		Duties Performed	
From To Total: Yrs. Mos.		Duties Performed	
From To Total: Yrs. Mos. Hrs. per week		Duties Performed Duties Performed	
From To Total: Yrs. Mos. Hrs. per week	Employer's Name and Address		
From To Total: Yrs. Mos. Hrs. per week	Employer's Name and Address Title		
Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year) From To	Employer's Name and Address		
From To Total: Yrs. Mos. Hrs. per week	Employer's Name and Address Title		
Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year) From To	Employer's Name and Address Title		
Total: Yrs. Mos. Hrs. per week	Employer's Name and Address Title		
Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year) From To	Employer's Name and Address Title		

7. How did you learn about this vacancy?
□CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other AC5 Board
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:
9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No X 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: $9-27-15$
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.