

Contra Costa County California
Employment & Human Services

Kathy Gallagher, Director

40 Douglas Dr., Martinez, CA 94553 * Phone: (925) 313-1579 * Fax: (925) 313-1575 * www.cccounty.us/ehsd

MEMORANDUM

DATE: 8/26/15

TO: Family and Human Services Committee

cc: Pam Phillips

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

SUBJECT: CC Advisory Council on Aging - Appointments Requested

The Contra Costa Area Agency on Aging (AAA) recommends the following individuals for reappointment to At-Large seats assigned to the Contra Costa Advisory Council on Aging (ACOA) with terms expiring on September 30, 2017:

At-Large Seat #3: Juliana Boyle
At-Large Seat #8: Sheri Richards
At-Large Seat #9: Rita Xavier
At-Large Seat #14: Ella Jones
At-Large Seat #15: Mary Bruns
At-Large Seat #16: Dr. Robert Leasure
At-Large Seat #18: Teri Mountford

Recruitment is handled by both the Area Agency on Aging, the ACOA Membership Committee and the Clerk of the Board using CCTV. Members of the AAA staff have encouraged interested individuals including minorities to apply through announcements provided at the East, Central and West County 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.

All MAL applicants for reappointment were interviewed by members of the ACOA Membership Committee. The Membership Committee and the Council's current President, Gerald Richards recommend the reappointment of all MAL applicants. Please find copies of the members applications provided as separate attachments.

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

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: BOYLE JULIANA CAITLIN
(Last Name) (First Name) (Middle Name)

2. Address: 5390 STONESTURST DR. MARTINEZ, CA 94553
(No.) (Street) (Apt.) (State) (Zip Code)

3. Phones: - 925 933-0911 925 963-7026
(Home No.) (Work No.) (Cell No.)

4. Email Address: jboyle@abarigroup.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 _____

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>U OF NM</u>	<u>ECONOMICS</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>BA</u>	<u>12/1985</u>
B) <u>SAINT MARY'S COLLEGE</u>	<u>BUSINESS</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>MBA</u>	<u>9/2001</u>
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☒ Newspaper Advertisement ☐ District Supervisor ☐ Other PATCH.COM

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: Juliana Boyle Date: 1-21-14

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.

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> 8/1985 8/1992</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 7 -</p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title ECONOMIST I, II</p> <p>Employer's Name and Address UNIVERSITY OF NM BUREAU OF BUSINESS & ECONOMIC RESEARCH ALBUQUERQUE, NM</p>	<p>Duties Performed • ECONOMIC DATA ANALYSIS FOR PUBLIC & PRIVATE SECTORS</p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> 8/1992 4/1993</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> - 9</p> <p>Hrs. per week <u>40+</u> . Volunteer <input type="checkbox"/></p>	<p>Title POLICY ANALYST</p> <p>Employer's Name and Address NEW MEXICO DEPT. OF FINANCE & ADMIN. SANTA FE, NM</p>	<p>Duties Performed • ANALYZED HEALTH LEGISLATION • SPECIAL STUDIES AS REQUESTED BY THE CABINET SECRETARY</p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> 4/1993 1/1994</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 1 10</p> <p>Hrs. per week <u>40+</u> . Volunteer <input type="checkbox"/></p>	<p>Title SENIOR FISCAL ANALYST</p> <p>Employer's Name and Address NM LEGISLATIVE FINANCE COMMITTEE SANTA FE, NM</p>	<p>Duties Performed • ASSISTED WITH THE STATE'S GENERAL FUND ESTIMATES • ANALYZED & MADE BUDGET RECOMMENDATIONS FOR ASSIGNED AGENCY DEPARTMENTS</p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> 1/1995 6/1995</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> - 6</p> <p>Hrs. per week <u>40+</u> . Volunteer <input type="checkbox"/></p>	<p>Title SENIOR POLICY ANALYST</p> <p>Employer's Name and Address NM DEPARTMENT OF FINANCE & ADMIN. SANTA FE, NM</p>	<p>Duties Performed • ASSISTED W/ THE GOVERNOR'S PROPOSED LEGISLATIVE PACKAGE • SPECIAL STUDIES AS REQUESTED BY THE CABINET SECRETARY</p>

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> 6/1995 PRESENT</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 18 7</p> <p>Hrs. per week <u>40⁺</u> . Volunteer <input type="checkbox"/></p>	<p>Title ECONOMIST/ VICE PRES.</p> <hr/> <p>Employer's Name and Address THE ABATIS GROUP 5390 DOWNTOWN DR. MARTINEZ, CA 94553</p>	<p>Duties Performed • RESEARCH & DATA ANALYSIS FOR CLIENTS IN THE EMERGENCY MEDICAL SERVICES ARENA WWW.ABATISGROUP.COM</p>
<p>B) 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>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>



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Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

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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 COMPLETING THE INFORMATION THAT DEMONSTRATES YOUR QUALIFICATIONS 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> May 2014 Present</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 5 Months</p> <p>Hrs. per week <u>6 hr</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Consolidated Planning & Advisory Workgroup</p> <p>Employer's Name and Address * Monthly Aging & 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 & 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</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Advisory Council on Aging</p> <p>Employer's Name and Address * Outreach & 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 hr</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 & 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 & Psychological Services</p>	<p>Duties Performed Administration & primary provider of full range of mental health, social & crisis intervention services for full-time undergrad students. Admin oversight of Alcohol & Other Drug Awareness programs, clinical Intern program, ind, couple & grp therapy, program design, outreach & psycho-educ'l presentations. Consultation & 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)

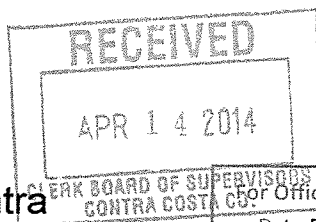
I have also re-submitted my original application from Oct 6 and my resume to clarify that I have submitted my application for membership for "Advisory Council on Aging" before.

Respectfully,

Frances Sheri Richards
Sheri Richards



Contra
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County



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Date Received:

Print Form

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

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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
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

AT-LARGE MEMBER
PRINT EXACT SEAT NAME (If applicable)

1. Name: XAVIER (Last Name) RITA (First Name) CLAIRE (Middle Name)

2. Address: 2703 18th ST (No.) (Street) (Apt.) SAN PABLO, CA 94806 (State) (Zip Code)

3. Phones: 510-233-4672 (Home No.) (Work No.) (Cell No.)

4. Email Address: xavierrita@gmail.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 12

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
B)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
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 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> <u>02/2013</u> <u>PRESENT</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>1</u> <u>2</u></p> <p>Hrs. per week ____ . Volunteer <input checked="" type="checkbox"/></p>	<p>Title <u>SECRETARY</u></p> <p>Employer's Name and Address <u>WEST COUNTY</u> <u>SENIOR COALITION</u></p>	<p>Duties Performed <u>EDUCATIONAL EVENTS ON</u> <u>SENIOR ISSUES</u></p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <u>02/2013</u> <u>PRESENT</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>1</u> <u>2</u></p> <p>Hrs. per week ____ . Volunteer <input checked="" type="checkbox"/></p>	<p>Title <u>VICE CHAIR</u></p> <p>Employer's Name and Address <u>SAN PABLO COMMITTEE</u> <u>ON AGING</u></p> <p><u>APPOINTED BY CITY</u> <u>COUNCIL</u></p>	<p>Duties Performed <u>FUND RAISING FOR</u> <u>MEALS ON WHEELS</u> <u>EDUCATIONAL EVENTS,</u> <u>SEMINARS ON HEALTH</u> <u>& OTHER SENIOR ISSUES</u></p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <u>06/2013</u> <u>PRESENT</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>10</u></p> <p>Hrs. per week ____ . Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p>Employer's Name and Address <u>SAN PABLO SENIOR</u> <u>CENTER ADVISORY</u> <u>BOARD</u> <u>ELECTED POSITION</u></p>	<p>Duties Performed <u>SENIOR SERVICES, ACTIVITIES</u> <u>SENIOR CENTER FUNDING</u></p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <u>9/2013</u> <u>PRESENT</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>7</u></p> <p>Hrs. per week ____ . Volunteer <input checked="" type="checkbox"/></p>	<p>Title <u>PLANNING COMMISSIONER</u></p> <p>Employer's Name and Address <u>CITY OF SAN PABLO</u> <u>PLANNING COMMISSION</u> <u>APPOINTED BY</u> <u>CITY COUNCIL</u></p>	<p>Duties Performed <u>DEVELOPMENT INCLUDING</u> <u>NEW HEALTH CARE FACILITIES</u> <u>SENIOR HOUSING</u> <u>ZONING, CODE ENFORCEMENT</u></p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other INVOLVEMENT IN OTHER SENIOR ORGANIZATIONS

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: Rita C. Xavier Date: April 10, 2014

Important Information

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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.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
 1. Mother, father, son, and daughter;
 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



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(Each Position Requires a Separate Application)

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

Advisory Council on Aging

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (If applicable)

1. **Name:** Jones Ella Corene
(Last Name) (First Name) (Middle Name)
2. **Address:** 13728 San Pablo Avenue #1022 San Pablo CA 94806
(No.) (Street) (Apt.) (City) (State) (Zip Code)
3. **Phones:** 510-778-8192 N/A 862-576-2740
(Home No.) (Work No.) (Cell No.)
4. **Email Address:** jonesellac@yahoo.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 One year of college

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Morgan State University Baltimore, MD	Business Administration	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	13			Incomplete
B)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded:			
Upsala College East Orange, NJ	Paralegal Studies	2 years	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)</p> <p>From <u>10/2009</u> To <u>Present</u></p> <p>Total: Yrs. <u>4</u> Mos. <u>5</u></p> <p>Hrs. per week <u>10</u> Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p>AARP VOLUNTEER</p> <p>Employer's Name and Address</p> <p>AARP FOUNDATION SACRAMENTO, CA</p>	<p>Duties Performed</p> <p>Senior advocacy representing and lobbying on behalf of fair government accountability towards older citizens. Participated in community event i.e. CA state fair, health fairs and food banks for AARP.</p>
<p>B) Dates (Month, Day, Year)</p> <p>From <u>10/2005</u> To <u>05/2009</u></p> <p>Total: Yrs. <u> </u> Mos. <u> </u></p> <p>Hrs. per week <u> </u> Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Retired</p> <p>Employer's Name and Address</p>	<p>Duties Performed</p> <p>Relocated to home state of New Jersey</p>
<p>C) Dates (Month, Day, Year)</p> <p>From <u>09/2001</u> To <u>10/2005</u></p> <p>Total: Yrs. <u> </u> Mos. <u> </u></p> <p>Hrs. per week <u> </u> Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Tax Technician I</p> <p>Employer's Name and Address</p> <p>State of California Board of Equalization Clay Street Oakland, CA</p>	<p>Duties Performed</p> <p>Determined eligibility and/or processed permits for persons seeking business tax permits in this state.</p>
<p>D) Dates (Month, Day, Year)</p> <p>From <u> </u> To <u> </u></p> <p>Total: Yrs. <u> </u> Mos. <u> </u></p> <p>Hrs. per week <u> </u> Volunteer <input type="checkbox"/></p>	<p>Title</p> <p> </p> <p>Employer's Name and Address</p> <p> </p>	<p>Duties Performed</p> <p> </p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other Visit to ACOA meeting

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 ☒ 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: Ella C. Jones Date: March 3, 2013

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.

THIS FORM IS A PUBLIC DOCUMENT

CONTRA COSTA COUNTY

ADVISORY COUNCIL ON AGING



APPLICATION FOR MEMBERSHIP

Please print clearly. If completing on computer, move from space to space with F1.

NAME:	ELLA C. JONES			DATE:	March 11, 2013	
HOME ADDRESS:	13728 SAN PABLO AVENUE, APT #1022					
	CITY	SAN PABLO		ZIP CODE	94806	
MAILING ADDRESS:	SAME AS ABOVE					
(If different)	CITY			ZIP CODE		
E-MAIL:	jonesellac@yahoo.com					
PHONE:	510-778-8192		CELL (If applicable):	862-576-2740		
Current or former occupation:	PARALEGAL/RETIRED					
Employer (if applicable):	N/A			Work Phone:		
Educational Background:	PARALEGAL STUDIES, UPSALA COLLEGE, EAST ORANGE, NJ – MORGAN STATE UNIVERSITY, BALTIMORE, MD					
Community Involvement / Civic Activities:	AARP FOUNDATION, LEGISLATIVE, LOBBYING ADVOCACY					
Special Interests:	HEALTHCARE EDUCATION AND EMPLOYMENT OPPORTUNITIES FOR SENIORS					
Area(s) of Senior Advocacy in Which I Am Most Interested:	HOUSING SEARCH EDUCATION AND IMPLEMENTATION FOR SENIORS					
Work Group(s) Most Interested in Exploring:	Health X	Housing X	Legislative X	Mental Health	Transportation <input type="checkbox"/>	
Council members must serve on at least one of our work groups.						
				Under 60	Over 60 XX	<input type="checkbox"/>
How did you learn of the Advisory Council on Aging?	GAIL GARRETT, SENIOR CITIZEN ADVOCATE					

Signature:

Ella C. Jones

Thank you for your interest in serving on the Council!

NOTE: All meetings are open and you may attend as a guest at any time.

Return application to: Ms. Beverly Wallace, Chair, Membership Committee at 3086 Keith Drive, Richmond, CA 94803 PH (510) 223-4528 FX (510) 223-1824 or e-mail Bevwallace1@aol.com



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:** Bruns Mary Kay
(Last Name) (First Name) (Middle Name)

2. **Address:** 5457 Roundtree Place, # 1, Concord, CA 94521
(No) (Street) (Apt) (State) (Zip Code)

3. **Phones:** (925) 673-1616 (925) 284-5546 (925) 639-7482
(Home No) (Work No) (Cell No)

4. **Email Address:** mbruns@lovelafayette.org

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 B.A. Grinnell College, Grinnell, Iowa

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Grinnell College	Psychology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	All		B A	June, 1963
B)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed San Francisco State	Course Studied Adult Education	Hours Completed 32	Certificate Awarded Yes No <input type="checkbox"/> <input checked="" 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> 5/06 Present</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 7 years 4 months</p> <p>Hrs. per week <u>25</u> . Volunteer <input type="checkbox"/></p>	<p>Title Program Coordinator</p> <hr/> <p>Employer's Name and Address Lamorinda Spirit Van Program City of Lafayette 500 Saint Mary's Road Lafayette, CA 94549</p>	<p>Duties Performed Set up operations from initial concept. Recruit volunteer drivers, dispatchers, and passengers. Raise funds and maintain self-sufficiency through those funds. Set and manage budget. Supervise paid and volunteer staff (currently 16 people). Write articles, grant applications, grant and city reports. Chair Senior Mobility Action Council</p>
<p>B) 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>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 Earle Ormiston

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: _____

Mary K Burns

Date: September 13, 2013

Important Information

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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.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

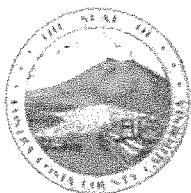
WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.

II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:

1. Mother, father, son, and daughter;
2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
4. First cousin;
5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
7. Registered domestic partner, pursuant to California Family Code section 297.
8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



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

MAL-16

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: LEASURE ROBERT DILLON
(Last Name) (First Name) (Middle Name)
2. Address: 748 GLEN EAGLE CT, DANVILLE, CA, 94526
(No.) (Street) (Apt.) (State) (Zip Code)
3. Phones: 925-831-9656 - -
(Home No.) (Work No.) (Cell No.)
4. Email Address: 2leasure@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 DOCTOR OF MEDICINE

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>UNIV. ILLINOIS</u>	<u>PREMED</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<u>6</u>			
B) <u>UNIV. ILLINOIS</u>	<u>MEDICINE</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>M.D.</u>	<u>1962</u>
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded:			
<u>UNIV. ILLINOIS</u>	<u>MED. RESIDENCY</u>		Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> <u>board certification</u>			

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> <u>2003</u> <u>present</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>10 yrs</u></p> <p>Hrs. per week ____ . Volunteer <input checked="" type="checkbox"/> <u>variable</u></p>	<p>Title <u>member + current president</u></p> <hr/> <p>Employer's Name and Address <u>Advisory Council on Aging</u></p>	<p>Duties Performed <u>member, Health Group</u> <u>" Housing Group</u> <u>" Exec. Comm.</u> <u>" Legislative Group</u></p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <u>1968</u> <u>1998</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>30 yrs.</u></p> <p>Hrs. per week <u>60</u> . Volunteer <input type="checkbox"/> <u>avg.</u></p>	<p>Title</p> <hr/> <p>Employer's Name and Address <u>Internal Medicine Associates</u> <u>San Jose, CA</u></p>	<p>Duties Performed <u>practice of medicine</u> <u>administration of multiple-doctor office</u></p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <u>1980</u> <u>1994 ?</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>14 yrs.</u></p> <p>Hrs. per week ____ . Volunteer <input checked="" type="checkbox"/> <u>avg. 1-2 hrs/wk</u></p>	<p>Title <u>chair + Bd member</u></p> <hr/> <p>Employer's Name and Address <u>Cambrian Center (HUD housing)</u> <u>San Jose</u></p>	<p>Duties Performed <u>Advisor</u></p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <u>1979</u> <u>1981</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>2</u></p> <p>Hrs. per week <u>8</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title <u>chair</u> <u>chief of Medical staff</u></p> <hr/> <p>Employer's Name and Address <u>Good Samaritan Hosp</u> <u>San Jose, CA</u></p>	<p>Duties Performed <u>administered medical staff</u></p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☒ Newspaper Advertisement ☐ District Supervisor ☐ Other _____

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 ☐ No!

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: _____

Date: Sept. 3, 2013

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WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

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 1. Mother, father, son, and daughter;
 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



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

MAL-16

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: LEASURE ROBERT DILLON
(Last Name) (First Name) (Middle Name)

2. Address: 748 GLEN EAGLE CT, DANVILLE, CA, 94526
(No.) (Street) (Apt.) (State) (Zip Code)

3. Phones: 925-831-9656 - -
(Home No.) (Work No.) (Cell No.)

4. Email Address: aleasure@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 DOCTOR OF MEDICINE

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
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A) <u>UNIV. ILLINOIS</u>	<u>PREMED</u>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<u>6</u>			
B) <u>UNIV. ILLINOIS</u>	<u>MEDICINE</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>M.D.</u>	<u>1962</u>
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded:			
<u>UNIV. ILLINOIS</u>	<u>MED. RESIDENCY</u>		Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> <u>board certification</u>			

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> <u>2003</u> <u>present</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>10 yrs</u></p> <p>Hrs. per week ____ . Volunteer <input checked="" type="checkbox"/> <u>variable</u></p>	<p>Title <u>member + current president</u></p> <hr/> <p>Employer's Name and Address <u>Advisory Council on Aging</u></p>	<p>Duties Performed <u>member, Health Group</u> <u>" Housing Group</u> <u>" Exec. Comm.</u> <u>" Legislative Group</u></p>
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<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <u>1979</u> <u>1981</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>2</u></p> <p>Hrs. per week <u>8</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title <u>Chair</u> <u>chief of Medical staff</u></p> <hr/> <p>Employer's Name and Address <u>Good Samaritan Hosp</u> <u>San Jose, CA</u></p>	<p>Duties Performed <u>administered medical staff</u></p>


7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☒ Newspaper Advertisement ☐ District Supervisor ☐ Other _____

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 ☐ *No!*

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:  Date: Sept. 3, 2013

Important Information

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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.
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**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
 1. Mother, father, son, and daughter;
 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



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. 105
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"/>	1-24		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 Mountain* Date: 3/3/15

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Contra Costa County Advisory Council on Aging 2014 Re-Appointments*

*Terms for the members highlighted in yellow below will end 9/30/15. This list identifies members who are due for reappointment.

	Seat Type	ACOA Member	Residence	Phone	District	First Appointed	Term Ending
1	Nutrition Project Council	Garrett, Gail	721 Payne Ct Richmond, CA 94806	H (925) 631-4908	1	4/25/2006	9/30/2016
2	MAL #1	SanVicente, Richard	645 Glasgow Circle Danville, CA 94526	H (925) 848-6575	2	5/22/2007	9/30/2016
3	MAL #2	Krohn, Shirley CSL - Assembly	324 El Divisadero Avenue Walnut Creek, CA 94598	H (925) 256-8736	4	11/2/2004	9/30/2016
4	MAL #3	Boyle, Juliana	5390 Stonehurst Drive Martinez, CA 94553	(925) 933-0911	5	7/29/2014	9/30/2015
5	MAL #4	Welty, Patricia	85 Kenneth Court Pittsburg, CA 94565	H (925) 458-6787	5	9/27/1993	9/30/2016
6	MAL #5	Card, Deborah	2140 Rain Drop Circle Pittsburg, CA 94565	H (925) 709-0518	5	9/10/1996	9/30/2016
7	MAL #6	VACANT (Appt. David Weiss)					9/30/2016
8	MAL #7	Ormiston, Earle	1678 Heartland Court Concord, CA 94519-2459	H (925) 827-4905	4	8/7/2007	9/30/2016
9	MAL #8	VACANT (Appt. Dolores Hill)					9/30/2015
10	MAL #9	Xavier, Rita	2703 18th Street San Pablo, CA 94806	(510) 233-4672	1	9/9/2014	9/30/2015
11	MAL #10	Doran, Jennifer	1976 Lupine Road Hercules, CA 94547	(510) 799-3697	5	9/9/2014	9/30/2016
12	MAL #11	Schroth, Edward	49 Brookshire Court Pittsburg, CA 94565	H (925) 432-2248	5	2/4/2009	9/30/2015
13	MAL #12	Neemuchwalla, Nuru	22 Carpenter Court Pleasant Hill, CA 94523	(925) 938-1281	4	5/15/2012	9/30/2016
14	MAL #13	Dunne-Rose, Mary	753 Winterside Circle San Ramon, CA 94583	(925) 286-8796	2	11/15/2011	9/30/2016
15	MAL #14	Jones, Ella	13728 San Pablo Avenue, #1022 San Pablo, CA 94806	H (925) 673-1616	1	12/17/2013	9/30/2015
16	MAL #15	Bruns, Mary	5457 Roundtree Place #1 Concord, CA 94521	H (925) 673-1616	4	8/14/2012	9/30/2015
17	MAL #16	Leasure, Robert	748 Glen Eagle Court Danville, CA 94526	H (925) 831-9656	2	4/29/2003	9/30/2015
18	MAL #17	VACATE PENDING - (Appt. Sheri Richards)					9/30/2016
19	MAL #18	Nahm, Richard	453 Effie Court Brentwood, CA 94513	H (925) 240-9885	3	8/7/2007	9/30/2016
20	MAL #19	VACATE PENDING					9/30/2015
21	MAL #20	Frederick, Susan	2227 Greenridge Drive Richmond, CA 94803	H (510) 223-5760	1	8/14/2012	9/30/2015

22	Local Seat: Lafayette VACANT	RECRUITING					9/30/2015
23	Local Seat: Orinda	Clark, Nina	11 Meadow Court Orinda, CA 94563	H (925) 254-5332	3	6/17/2014	9/30/2015
24	Local Seat: Antioch	Fernandez, Rudy	2816 Lupine Court Antioch, CA 94509	H (925) 778-2295	3	11/13/1990	9/30/2016
25	Local Seat: Pleasant Hill	Clearwater, Cynthia	735 West Boyd Road Pleasant Hill, CA 94523	(925) 285-0684	4	11/12/2013	9/30/2015
26	Local Seat: Pinole VACANT	RECRUITING					9/30/2016
27	Local Seat: Concord VACANT	Resignation Pending B. Hornstein					9/30/2015
28	Local Seat: Richmond VACANT	RECRUITING					9/30/2016
29	Local Seat: El Cerrito	Kim-Selby, Joanna CSL - Senior Senator	2516 Mira Vista Drive El Cerrito, CA 94530	H (510) 235-6179	1	4/14/2004	9/30/2016
30	Local Seat: Hercules	Richards, Gerald	1099 Baywood Lane Hercules, CA 94547	H (510) 313-0080	5	8/2/2005	9/30/2016
31	Local Seat: Pittsburg VACANT	Resignation Pending J. Rinaldo					9/30/2016
32	Local Seat: San Ramon	Prilutsky, Michael	3008 Sombrero Circle San Ramon, CA 94583	(925) 895-6446	2	4/16/2013	9/30/2016
33	Local Seat: Clayton	Tervelt, Ron	5617 Frank Place Clayton, CA 94517	(925) 458-6787	5	7/29/2014	9/30/2015
34	Local Seat: Alamo-Danville	Ryan, Nell	179 Tivoli Lane Danville, CA 94506	(925) 648-1490	3	4/9/2013	9/30/2016
35	Local Seat: Walnut Creek	Brunner, Fritz	248 Santa Fe Drive, CA Walnut Creek, CA 94598	H (925) 817-8902	4	4/22/2014	9/30/2015
36	Local Seat: Moraga	Katzman, Keith	1229 Rimer Dr. Moraga, CA 94556	(925) 376-7776	2	4/9/2013	9/30/2015
37	Local Seat: San Pablo	Gantt, Dorothy	1824 21st St., #14 San Pablo, CA 94	(650) 669-1799	1	10/7/2014	9/30/2016
38	Local Seat: Martinez	Joslin, David	300 Pantano Circle Pacheco, CA 94553	(925) 648-1490	3	10/7/2014	9/30/2016
39	Local Seat: Brentwood	Kee, Arthur	170 Moraga Way Brentwood, CA 94513	(925) 634-4783	3	4/17/2012	9/30/2015
40	Local Seat: Oakley	Mijares, Arthur	504 Brooks Drive Oakley, CA 94561	(925) 679-9901	3	3/27/2012	9/30/2016