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

	*		
			1



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

OK COMMISSION MAIN	IE AND SEAT TITLE YOU ARE	APPLING FU	rk:					
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OF BOARD, COMMITTEE	E, OR COMMISSION		PRINT EXAC	T SEAT NA	ME (if a	pplicable)		
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5390	STONETURST	DR.	MARIT	NEZ,	CA	94	553	
(No.)	(Street)	(Apt.)		(Sta	ate)			(Zip Code)
	925 933 -	0911	92	5 96	3 - 7	526		
(Home No.)	(Work No.)		(Cell I	No.)				
dress:	boyle@aba	vrisgi	roup.c	<u>om</u>		1.10°C-000 1.100 0.000		
Check appropris	ate how if you possess	one of th	se following					
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/ training	Course Studied	100		pleted	$\neg \vdash$	Ce	ertificate A	varded:
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	COUNCIL OF BOARD, COMMITTEE BOYVE Cast Name) 5390 (No.) (Home No.) Check appropriation G.E.D. (de or Educational Ges / universities anded	COUNCIL ON AGING DEBOARD, COMMITTEE, OR COMMISSION BOYLE Cast Name) (Fi 5390 STONE-LURST (No.) (Street) 925 933 - (Home No.) (Work No.) Iress:	COUNCIL ON AGING DEBOARD, COMMITTEE, OR COMMISSION BOYLE JULIANA Last Name) (First Name) 5390 STONEHURST DR. (No.) (Street) (Apt.) 925 933 - 0911 (Home No.) (Work No.) Iress: JOU'LE @ Abarisg! Check appropriate box if you possess one of the coma G.E.D. Certificate California High State or Educational Level Achieved Ges / universities Inded Course of Study / Major ACHIEVE GUSINESS Yes Yes Yes	BOYLE SOLUTIONA STONE	COUNCIL ON AGING DEBOARD, COMMITTEE, OR COMMISSION BOYLE JULIANA ast Name) (First Name) 5390 STONEHURST DR. MARTINEZ, (No.) (Street) (Apt.) (States) (Home No.) (Work No.) (Cell No.) Hess: Joyle @ Abarisgroup. Com Check appropriate box if you possess one of the following: Oma G.E.D. Certificate California High School Proficiency Code or Educational Level Achieved Ges / universities Gode Gustiness Course of Study / Major FRINT EXACT SEAT NA PRINT EXACT SEAT NA PRINT EXACT SEAT NA Constant Name Company Great Name Company Company	COUNCIL ON AGING DEBOARD, COMMITTEE, OR COMMISSION PRINT EXACT SEAT NAME (If all BOYLE SOUR COUNTY OF THE PRINT DR. PRINT EXACT SEAT NAME (If all BOYLE CALLED DR. PRINT EXACT SEAT NAME (If all BOYLE CALLED DR. PRINT EXACT SEAT NAME (If all BOYLE CALLED DR. PRINT EXACT SEAT NAME (If all BOYLE CALLED DR. PRINT EXACT SEAT NAME (If all BOYLE CALLED DR. PRINT EXACT SEAT NAME (If all BOYLE DATE OF THE PRINT EXACT SEAT NAME (IF all BOYLE DATE OF THE PRINT EXACT SEAT NAME (IF all BOYLE DATE OF THE PRINT EXACT SEAT NAME (IF all BOYLE DATE OF THE PRINT EXACT SEAT NAME (IF all BOYLE DATE OF THE PRINT EXACT SEAT NAME (IF all BOYLE DATE OF THE PRINT EXACT SEAT NAME (IF ALL BOYLE DATE OF THE PRINT EXACT SEAT NAME (IF ALL BOYLE DATE OF THE PRINT EXACT SEAT NAME (IF ALL BOYLE DATE OF THE PRINT EXACT SEAT NAME (IF ALL BOYLE DATE OF THE PRINT EXACT S	COUNCIL ON AGING DEBOARD, COMMITTEE, OR COMMISSION PRINT EXACT SEAT NAME (if applicable) BOYLE OULIANA CA ast Name) (First Name) (No.) (Street) CA 94 (No.) (Street) CA 94 (No.) (Street) CA 94 (No.) (Street) CA 94 (No.) (State) - 925 933 - 0911 925 363 - 7026 (Home No.) (Work No.) (Cell No.) Iress: DOYLE @ Abarisgroup. Com Check appropriate box if you possess one of the following: Oma G.E.D. Certificate California High School Proficiency Certificate Degree Awarded Ges / universities Course of Study / Major COURSE OF Study / Major Degree Awarded Semester Quarter ECONOTICS Yes No COURSE Yes No C	COUNCIL ON AGING DEBOARD, COMMITTEE, OR COMMISSION PRINT EXACT SEAT NAME (if applicable) BOYLE JULIANA CAITLIN ast Name) (First Name) (Middle Na 5390 STONEHURST DR. HAPLTINEZ, CA 94553 (No.) (Street) (Apt.) (State) - 925 933 - 0911 925 363 - 7026 (Home No.) (Work No.) (Cell No.) Iress:

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: 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.

A) Dates (Month, Day, Year) From To 8/1985 8/1992 Total: Yrs. Mos. 7 -	Title ECONOMIST I, II Employer's Name and Address UNIVERSITY OF NM BURGAU OF BUSINESS 3	Duties Performed • ECONOMIC DATA ANALYSIS FOIL PUDLIC ? PRUVATE SECTORS
Hrs. per week 40 . Volunteer B) Dates (Month, Day, Year) From To 8/1992 4/1993 Total: Yrs. Mos 9 Hrs. per week 40 . Volunteer	ECONOMIC NESEANCH AUBUQUERQUE, NM Title POLICY AWALYST Employer's Name and Address NEW MEXICO DEPT. OF FINANCE ! ADMIN. SAWA FE, NM	Duties Performed • AWAY LED HEARTH NEADRH LESISUATION • SPECIAL STUDIES AS NEQUESTED BY THE CHBINET SECRETARY
C) Dates (Month, Day, Year) From To 4/1993 1/1996 4 Total: Yrs. Mos. 10 Hrs. per week 40+. Volunteer	Title SEJION FISCAL AWALYST Employer's Name and Address NM VEGISLATIVE FINANCE COMMITTEE SAWA FE, NM	STME'S GENERAL FUND ESTIMATES ANALYZEO & MADE BUDGET NECOMMENDATIONS FOR ASSIGNED AGENCY DEPARTMENTS
D) Dates (Month, Day, Year) From To I 1/A95 G/1995 Total: Yrs. Mos. G Hrs. per week 40 + . Volunteer	Title SEJION POUCH AVAILYST Employer's Name and Address UM DEPARAMENT OF FINANCE ? AOHIN. SANTA FE, UM	Duties Performed ASSISTED W/ THE GOVERNON'S PROPOSED UEGISUATIVE PAURAGE SPECIAL STUDIES AS REQUESTED BY THE CATSINET SECRETARY

A) Dates (Month, Day, Year) From To G/1995 PNESENT Total: Yrs. Mos. 18 7 Hrs. per week 40 . Volunteer	Title ECONOMIST / VICE PNES. Employer's Name and Address THE ABAMIS GROUP 5390 STONEHUNST DN. MANNNEZ, CA 94553	Duties Performed * RESEARCH T. DATA ANALYSIS FOR CUENTS IN THE ENERGENCY MEDICAL SERVICES ANEWA WWW. ABARISGROUP. COR
B) Dates (Month, Day, Year) From To	Title Employer's Name and Address	Duties Performed
Total: <u>Yrs. Mos.</u> Hrs. per week Volunteer		
C) Dates (Month, Day, Year) From To	Title	Duties Performed
Total: <u>Yrs.</u> <u>Mos.</u>	Employer's Name and Address	
Hrs. per week Volunteer		
D) Dates (Month, Day, Year) From To	Title	Duties Performed
Total: <u>Yrs.</u> <u>Mos.</u>	Employer's Name and Address	
Hrs. per week Volunteer		



For Office Use Only Date Received:

Member-at-Large

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)

Advisory Council on Aging

 $\ensuremath{\mathsf{BOARD}}$, committee or commission name and seat title you are applying for:

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION			PRINT EX	ACT SEAT NAME (if applicable)	***************************************	
1. Name: Ri	chards	(Franc	es)		She		is much as the first first fleedelikkeer in a part of interesting it shows a sec
	Last Name)	(First)	łame)	rte and the stight of an emergency and administration of a property of the supplied of the sup	(N	liddle Nan	1e)
2. Address:	340 Scottsdale F	Road Pleasar	nt Hill,	CA		945	23
	(No.)		Apt.)	(State)		(Zip Code)
3. Phones:	(925) 825-4519 (Home No.)	N/A	(925)	351-7617			
**	(Home No.)	(Work No.)	(Cel	l No.)			Territor to the first of a significant section of the section of t
4. Email Add	dress: sheririch	ards@comcast.net			MigNovik isk en Verkelijk en skilmaktionspecialisen, ja		
High School Dipl		te box if you possess on ertificate C California F Level Achieved Mas		ficiency Certi	ficate 🗍	YA MA A Manda da da mana mana mana mana mana mana	-
	ges / universities ended	Course of Study / Major	Degree Awarded	Units Cor	mpleted	Degree Type	Date Degree Awarded
				Semester	Quarter		
· · · · · · · · · · · · · · · · · · ·	e University Los App	Counseling	Yes No 🗵		90	MS	1973
	ymount University	Sociology	Yes No 🗵	100		BA	1970
	y Community College		Yes No ⊠□	90	des de l'accession de la company de la compa	AA	1968
D) Other schools completed:	/ training	Course Studied	Hours Co	mpleted	Ce	rtificate Aw Yes No	CONTRACTOR OF THE PARTY OF THE

6. PLEASE FILL OUT THE FOLLOWING SECTION CONTROL OF SECTION OF SUpporting Ground in Section of State Supporting Ground in Management of Section of State Supporting Ground in Management of Section of

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

/. How did you learn about this vacancy?
□CCC Homepage □Walk-In □Newspaper Advertisement □District Supervisor ☑Other refer'd: Dr. Robert Leasure & GAIL GARE
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

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- /. Ivieeting dates and times are subject to change and may occur up to two days per month.
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Copyrialist

December 1, 2014

TO: Clerk of the Board

FROM: Frances Sheri Ruhards

RE: Required Training and CA Form 700

Enclosed please see proof of

1. Public Ethics Training 2. Brown Act and Better Dovernance

3, CA Form 700 (correct agency name)

I have also re-submitted my ariginal application from Gct 6 and my resume to clarify that I have submitted my application for membership for "advisory Council on Aging "before

Kespectfully,

Frances Sheri Pichards Sheri Richards

Print Form



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 NAM	ME AND SEAT TITLE YOU ARE APPLY	ING FOR:				
ADVISORY COUNCIL PRINT EXACT NAME OF BOARD, COMMITTE			E MEMBER ACT SEAT NAME (If applicable)			
1. Name: XAVIFR (Last Name)	P17 (First N	7A Jame)		<i>LA (Rt</i> Middle Nar	Ene)	
2. Address: <u>270 3 /8</u> (No.)					•	
3. Phones : 510-23 (Home No.)				,		
4. Email Address: Xa V	4. Email Address: <u>Xavierritacegmeil. com</u>					
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	

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Co	mpleted	Degree Type	Date Degree Awarded
			Semester	Quarter		
A)		Yes No				
B)		Yes No				
(C)		Yes No				
Other schools / training completed	Course Studied	Hours Completed		Ce	rtificate Awa Yes No	

A) Dates (Month, Day, Year)	Title	Duties Performed
From To		EDUCATIONAL EVENTS ON
02/2013 PRESENT	SECRETARY	SENIOR ISSUES
,	Employer's Name and Address	1
Total: Yrs. Mos.		-
1 3	WEST COUNTY	
	SENIOR COALITION	
Hrs. per week Volunteer		
B) Dates (Month, Day, Year)	Title	Duties Performed
From To		FUND RAISING FOR
02/2013 PRESENT	VICE CHACE	MEALS ON WHEELS
	VICE CHAIR Employer's Name and Address	The state of the s
Total: Yrs. Mos.	SAN PABLO COMMITTEE	SEMINARS ON HEALTH
1 2	ON AGING	f i
	ADD INTO BUY DITY	OTHER SENIOR ISSUES
Hrs. per week Volunteer		
	COUNCIL	
C) Dates (Month, Day, Year)	Title	Duties Performed
1		SENIOR SERVICES, ACTIVITIES
From To 06/2013 PRESENT		SENIOR CENTER FUNDING
	Employer's Name and Address	SENTON CLIVIE
Total: <u>Yrs.</u> <u>Mos.</u>	SAN PABLO SENIOR	
10	CENTER ADVISORY	
	BOARD	
Hrs. per week Volunteer	ELECTED POSITION	
	FLECIED 100	
D) Dates (Month, Day, Year)	Title	Duties Performed
From To		DEVELOPMENT INCLUDING
9/2013 PRESENT	PLANNING COMMISSIONER	NEW HEALTH CARE FACILITIES
	Employer's Name and Address	SENIOR HOUSING
Total: <u>Yrs.</u> <u>Mos.</u>	CITYOF SAN PABLO	
/	PLANNING COMMISSION	ZONING, CODE ENFARCEMENT
Ura narvunale Valuntasa 🖼		
Hrs. per week Volunteer	,	
	CITY COUNCIL	

Important Information

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- 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.



4. Email Address: jonesellac@yahoo.com

MAIL OR DELIVER TO:

For Office Use Only Date Received: For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

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: Vones Ella Corene (Last Name) (First Name) (Middle Name) 2. Address: 13728 San Pablo Avenue #1022 San Pablo CA 94806 (No.) (Apt.) (City) (State) (Zip Code) 3. **Phones**: 510-778-8192 N/A 862-576-2740 (Home No.) (Work No.) (Cell No.)

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 Cor		Degree Type	Date Degree Awarded
			Semester	Quarter	1	
A) Morgan State University Baltimore, MD	Business Administration	Yes No □⊠	13			Incomplete
B)		Yes No 🗆				
C)		Yes No 🔲				
D) Other schools / training completed:	Course Studied	Hours Co	mpleted	Се	ertificate Aw Yes No 🗵	
Upsala College East Orange, NJ	Paralegal Studies	2 years			, 55 110 [2]	land.

A) Dates (Month, Day, Year)	Title	Duties Performed
From To	AARP VOLUNTEER	
10/2009 Present		Senior advocacy representing and
Total: <u>Yrs.</u> <u>Mos.</u>	Employer's Name and Address	obbying on behalf of fair government
Total. 113. Mys.		accountability towards older citizens.
4 5	AARP FOUNDATION	Participated in community event i.e. CA state fair, health fairs and food
Hrs. per week 10 . Volunteer ⊠	SACRAMENTO, CA	banks for AARP.
B) Dates (Month, Day, Year)	Title	Duties Performed
From To	Retired	
10/2005 05/2009		
Total: Yrs. Mos.	Employer's Name and Address	
Total: <u>Yrs.</u> <u>Mos.</u>		Relocated to home state of New Jersey
Hrs. per week . Volunteer		
•		
	11	E1 .
O. B. L. (Marth. Box Vars)	Till	D.i D.f.
C) Dates (Month, Day, Year)	Title	Duties Performed
From To	Title Tax Technician I	Duties Performed
	Tax Technician I	Duties Performed
From To		Determined eligibility and/or
From To 09/2001 10/2005	Tax Technician I Employer's Name and Address	Determined eligibility and/or processed permits for persons seeking
From To 09/2001 10/2005 Total: Yrs. Mos.	Tax Technician I Employer's Name and Address State of California Board of Equalization Clay Street	Determined eligibility and/or
From To 09/2001 10/2005	Tax Technician I Employer's Name and Address State of California Board of Equalization	Determined eligibility and/or processed permits for persons seeking
From To 09/2001 10/2005 Total: Yrs. Mos. Hrs. per week	Tax Technician I Employer's Name and Address State of California Board of Equalization Clay Street Oakland, CA	Determined eligibility and/or processed permits for persons seeking business tax permits in this state.
From To 09/2001 10/2005 Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year)	Tax Technician I Employer's Name and Address State of California Board of Equalization Clay Street	Determined eligibility and/or processed permits for persons seeking
From To 09/2001 10/2005 Total: Yrs. Mos. Hrs. per week	Tax Technician I Employer's Name and Address State of California Board of Equalization Clay Street Oakland, CA	Determined eligibility and/or processed permits for persons seeking business tax permits in this state.
From To 09/2001 10/2005 Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year)	Tax Technician I Employer's Name and Address State of California Board of Equalization Clay Street Oakland, CA Title	Determined eligibility and/or processed permits for persons seeking business tax permits in this state.
From To 09/2001 10/2005 Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year)	Tax Technician I Employer's Name and Address State of California Board of Equalization Clay Street Oakland, CA	Determined eligibility and/or processed permits for persons seeking business tax permits in this state.
From To 09/2001 10/2005 Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year) From To	Tax Technician I Employer's Name and Address State of California Board of Equalization Clay Street Oakland, CA Title	Determined eligibility and/or processed permits for persons seeking business tax permits in this state.
From To 09/2001 10/2005 Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year) From To	Tax Technician I Employer's Name and Address State of California Board of Equalization Clay Street Oakland, CA Title	Determined eligibility and/or processed permits for persons seeking business tax permits in this state.
From To 09/2001 10/2005 Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year) From To	Tax Technician I Employer's Name and Address State of California Board of Equalization Clay Street Oakland, CA Title	Determined eligibility and/or processed permits for persons seeking business tax permits in this state.

7. How did you learn about	this vacancy?			
CCC Homepage Wal	k-In Newspaper Advertiseme	nt District Supervisor	▼Other Visit to ACOA meeting	
	r Financial Relationship with a attached): No 🗵 Yes 📋		Supervisors? (Please see Board	
If Yes, please identify the	e nature of the relationship:			
). Do you have any financi No ⊠ Yes □	al relationships with the County	such as grants, contrac	ts, or other economic relations?	
If Yes, please identify the	nature of the relationship:			
ccessible. I understand a	d falth. I acknowledge and unde nd agree that misstatements / o Commission in Contra Costa Co	missions of material fact	on in this application is publically t may cause forfelture of my rights	to se
sign Name: <u>Ella</u>	C. Jones	Date: <u>Mar</u>	ch 3, 2013	
	Importa	ant Information		

- This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
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- 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.
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CONTRA COSTA COUNTY

ADYISORY COUNCIL ON RGING

APPLICATION FOR MEMBERSHIP

Please print clearly. If completing on computer, move from space to space with F1. NAME: DATE: March 11, 2013 ELLA C. JONES HOME ADDRESS: 13728 SAN PABLO AVENUE, APT #1022 CITY SAN PABLO ZIP CODE 94806 MAILING ADDRESS: SAME AS ABOVE ZIP CODE (If different) CITY E-MAIL: ionesellac@yahoo.com PHONE: 510-778-8192 862-576-2740 CELL (If applicable): PARALEGAL/RETIRED Current or former occupation: Work Phone: N/A Employer (if applicable): PARALEGAL STUDIES , UPSALA COLLEGE, EAST ORANGE, NJ -Educational Background: MORGAN STATE UNIVERSITY, BALTIMORE, MD Community Involvement / Civic Activities: AARP FOUNDATION, LEGISLATIVE, LOBBYING ADVOCACY HEALTHCARE EDUCATION AND EMPLOYMENT Special Interests: OPPORTUNIES FOR SENIORS Area(s) of Senior Advocacy in Which HOUSING SEARCH EDUCATION AND I Am Most Interested: IMPLEMENTATION FOR SENIORS Work Group(s) Most Health Housing Legislative Mental Health Transportation Interested in X Council members must serve on at least one of our work groups. Exploring: Under 60 Over 60 XX GAIL GARRETT. SENIOR CITIZEN ADVOCATE How did you learn of the Advisory Council on Aging?

Signature:	Ella	C.	Jones	-
	Thank you for	r you/	Interest in serving on the Councili	
NOTE:	All meetings are	e open a	and you may attend as a quest at any time.	

eturn 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



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 Separat	e Application)						
BOARD, COMMITTEE OR COMMISSION NA	AME AND SEAT TITLE YOU ARE AP	PLYING FOR:					
Advisory Council On Aging		Member-At-La	rge				
PRINT EXACT NAME OF BOARD, COMMITT	EE, OR COMMISSION	PRINT EXACT SEAT NAME (if applicable)					
1. Name: Bruns	Man	/			Kay	THE RESERVE AND A SECOND SECOND	
(Last Name)	(First	: Name)		((Middle Name)		
2. Address: 5457 Roundtree	Place, # I,	Concor	rd, CA 9452 ⁻	1			
(No)		(Apt)	(State)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)	
3. Phones: (925) 673-1616	(925) 284-5546	(925) 63	39-7482				
(Home No.)	(Work No.)	(Ce	ell No)				
5. EDUCATION: Check appropriately G.E.D. Give Highest Grade or Educational Names of colleges / universities	Certificate California	High School Pro	oficiency Cert	a	T	Date	
attended	Course of Study / Major	Awarded	Units Co		Degree Type	Degree Awarded	
A) Grinnell College	Psychology	Yes No X	Semester All	Quarter	ВА	June, 1963	
B)	, , , , , , , , , , , , , , , , , , , ,	Yes No	- "	 	×	Julie, 1903	
C)		Yes No 🔲					
D) Other schools / training	Course Studied	Hours Co	mpleted	Ce	rtificate Aw	arded	
completed San Francisco State	Adult Education	32			Yes No	×	

1	lonth, Day, Year)	Title	Duties Performed
<u>From</u> 5/06	<u>To</u>	Program Coordinator	Set up operations from initial concept. Recruit volunteer drivers,
	Present	Employer's Name and Address	dispatchers, and passengers. Raise funds and maintain self-
Total: Yrs.	Mos.	Lamorinda Spirit Van Program	sufficiency through those funds. Se
7 years	4 months	City of Lafayette 500 Saint Mary's Road	and manage budget. Supervise paid and volunteer staff (currently
Hrs. per wee	k_25 . Volunteer	Lafayette, CA 94549	16 people). Write articles, grant applications, grant and city reports. Chair Senior Mobility Action Counci
	onth, Day, Year)	Title	Duties Performed
<u>From</u>	<u>To</u>		
Total: Yrs.	Mos.	Employer's Name and Address	
Hrs. per week	< Volunteer 🔲		
C) Dates (Mo	onth, Day, Year)	Title .	Duties Performed
<u>From</u>	<u>To</u>		
Total: <u>Yrs.</u>	Mos.	Employer's Name and Address	

Hrs. per week	Volunteer 🔲		
	nth, Day, Year) 「o	Title	Duties Performed
1.10111	<u>. v</u>		
	-	Employer's Name and Address	
Total: Yrs.	Mos.		
Hrs ner week	. Volunteer		
Tho, per week_	. voidiliteei		

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: Many K Burn Date: September 13, 2013

Important Information

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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

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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.



For Office Use Only Date Received:

For Reviewers Use Only: Accepted Rejected

Certificate Awarded:
Yes No All
beard Certification

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 PRINTININK (Each Position Requires a Separate Application)

D) Other schools / training

UNIV. ILLINOIS

completed:

	NG FOR:				
ONAGING	MA	14-16	7		
, OR COMMISSION	PRINT EXA	ACT SEAT NAME (if applicable)		
	. 40-44				
Box	SERT			01668	N
(First N	ame)		(N	iddle Nan	ne)
N EAGLE CT, D	ANVILLE	i, ca,	9452	.6	
(Street) (A	.pt.)	(State)		(Zip Code)
1656 -	•				
(Work No.)	(Cel	l No.)			
esure Cume	ast. net	/-			
ate box if you possess one	of the following	g:			
Certificate 🔲 California H	igh School Prof	ficiency Certi	ficate		
Level Achieved Doc7	TOR OF 1	HEDIC	146		· · · · · · · · · · · · · · · · · · ·
Course of Study / Major	Degree	Units Co	mpleted	Degree Type	Date Degree
	Awarded			Type	
		Semester	Quarter	Турс	Awarded
PREMED	Yes No Yes No X	Semester 6	Quarter	H.D.	Awarded
	(First N WEAGLE CT, D (Street) (A (Work No.) RSUPE Comce ate box if you possess one Certificate California H	ROBERT (First Name) WEAGLE CT, DANVILLE (Street) (Apt.) Work No.) (Cel RSURE Comcast. net Ate box if you possess one of the following Certificate California High School Prof	ROBERT (First Name) **EAGLE CT, DANVILLE, CA, (Street) (Apt.) (State) **COMMISSION PRINT EXACT SEAT NAME (**) **COMMISSION ROBERT (First Name) **Common (Apt.) (Cell No.) **Common (Cell No.) **	ROBERT (First Name) (N EAGLE CT, DANVILLE, CA, 9453 (Street) (Apt.) (State) (Cell No.) RESURE Comcast. net Ate box if you possess one of the following: Certificate California High School Proficiency Certificate Level Achieved Doctor of MEDICINE	ROBERT DILLE (First Name) (Middle Name) WEAGLE CT, DANVILLE, CA, 94526 (Street) (Apt.) (State) (Work No.) (Cell No.) RSURE Comcast. net Certificate California High School Proficiency California High School Prof

Hours Completed

Course Studied

MED. RESIDERO

A) Dates (Month, Day, Year) From To 2003 present Total: Yrs. Mos. 10 yrs Hrs. per week Variable	Title Member + current president Employer's Name and Address Advisory Council on Aging	Duties Performed member, Health Group Housing Group Exer. Comm. Legislative Group
B) Dates (Month, Day, Year) From To 1968 1998 Total: Yrs. Mos. 30975. Hrs. per week 60. Volunteer	Title Employer's Name and Address Internal Medicine Associates San Jose, CA	Duties Performed practice of medicine administration of multiple-doctor office
C) Dates (Month, Day, Year) From To 1980 1994 ? Total: Yrs. Mos. 14 4 7 3. Hrs. per week Volunteer Avg. 1-2 hrs/wk	Employer's Name and Address (a w bri an Center (HUD rousing) San Jose	Duties Performed ad vi sor
D) Dates (Month, Day, Year) From To 1979 1981 Total: Yrs. Mos. Hrs. per week 8 . Volunteer	Employer's Name and Address Good Samaritantosp San Jose, CA	Duties Performed administered medical stad

1	r. now did you learn about this vacancy?
	☐CCC Homepage ☐Walk-In XNewspaper Advertisement ☐District Supervisor ☐Other
8	B. 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 Kes 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

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- 4. First cousin;
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- 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
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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)

Martinez, California 94553-1292 PLEASE TYPE OR PRINT IN INK (Each Position Requires a Separate /	Application)					
BOARD, COMMITTEE OR COMMISSION NAM	TE AND SEAT TITLE YOU ARE APPLY	ING FOR:				
ADVISORY COUNCIL	ONAGING	MA	AL-16	,		
PRINT EXACT NAME OF BOARD, COMMITTEE	, OR COMMISSION		ACT SEAT NAME (
the second of th						
1. Name: LEASULE (Last Name)	Ros	BERT			2166	3 N
(Last Name)	(First N	lame)		A)	∕liddle Nar	ne)
2. Address: 748 64E	N EAGLE CT, D	ANVILLE				
(No.)	(Street) (A	\pt.)	(State)		(Zip Code)
2 04 015 02/ 6	3/2/		~ ₽			
3. Phones: 925-831-9 (Home No.)	Mod No \	/Cal	I No. \		······································	
4. Email Address: 2le	asure Pume	ast. net	<i>f</i> -			
5. EDUCATION: Check appropria	ate box if you possess one	of the following	g:			
High School Diploma 🔀 G.E.D. (Certificate 🗂 California H	iah School Prof	ficiency Certi	ficate [7]		
			•			
Give Highest Grade or Educationa	I Level Achieved Doc7	tor of 1	1EDIC	146		****
					·	•
Names of colleges / universities	Course of Study / Major	Degree	Units Cor	moleted	Degree	Date Degree
attended		Awarded		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Type	Awarded
A)	PREHED	V. N. CTE	Semester	Quarter	_	
A) UNIV. (LLINGIS	HEDICINE	Yes No A	6		M.D.	1.0/9
B) UNIV. ILLINOIS C)	10-31-31-33	Yes No 1			1.6.9.	1962
D) Other schools / training	Course Studied	Hours Co	mpleted	Ce	rtificate Aw	arded:
completed: UNIV. 1661NOIS	MED. RESIDER	J			Yes No	
UNIV. (CELIFUIS	1.100.			BORM	certiti	anon

A) Dates (Month, Day, Year)	Title , ,	Duties Performed
	member + current president	member, Health Group
From To present	,	member, Heat in Grap
	Employer's Name and Address	" Housing Group
Total: Yrs. Mos.		. " Exer. Comm.
10 yrs	Advisory Councilon	" Legislative Gro
10 1.	Asing'	Le515 271 = 20.
Hrs. per week Volunteer 💢		
variable		
B) Dates (Month, Day, Year)	Title	Duties Performed
•		practice of medicine
<u>From</u> <u>To</u> /998		•
•	Employer's Name and Address	administration of multiple-doctor
Total: Yrs. Mos.		multiple-doctor
3.09rs.	Internal Medicine	office
•	Associates	
Hrs. per week 60. Volunteer	San Jose, CA	
avg.	52230741	
C) Dates (Month, Day, Year)	Chair + Be member	Duties Performed
From To 1994 ?	Chair FBC Member	advisor
1980 /991 .		
	Employer's Name and Address	
Total: Yrs. Mos.	Cambrian Center	
14 yrs.	(HUD honoing) Sen Jose	
•	Sen Jose	·
Hrs. per week Volunteer 🔀		
avg. 1-2hrs/wk		
D) Dates (Month, Day, Year)	Title	Duties Performed
•	chief of Medical Staff	administered
From 1979 1981	chief of Melical Staff	medical staff
	Employer's Name and Address	mean of the
Total: Yrs. Mos.	Samaritantosp	
<u> </u>	Good Samaritantosp San Jose, CA	
	5 an 1050, CA	
Hrs. per week 8 . Volunteer		
, not por		

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:

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Sign Name:

7 How did you form about this warmen?

Important Information

Date: Sept. 3, 20/3

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For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

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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)
, COMMITTEE OR COMMISSION NAME AND SEAT

Advisory Council on Aging		Member at Larg	е				
PRINT EXACT NAME OF BOARD, COMMITTE	PRINT EXACT SEAT NAME (if applicable)						
1. Name: Mountford	Teri			THE THE PERSON NAMED TO SERVE THE PERSON NAMED THE PERSON NAMED TO SERVE THE PERSON NAMED THE PERSON NAMED THE PERSON NAMED TO SERVE THE PERSON NAMED THE PERSON NAMED THE PER	uman Salikada Agili di Salikan (1925) yana mana mamba'da Mara Mari		
(Last Name)	(Firs	(First Name)		(Middle Name)			
2. Address: 155 Midhill Rd., I	Martinez	lartinez		California		94553	
(No.)	(Street)	(Apt.)	(State)	inde a Maide in the Anticology of the Anticology	(Zip Code)	
3. Phones : (925) 372-7846		(9250 4	105-2811				
(Home No.)	(Work No.)	(Ce)	II No.)	edical processors and a second distribution of the second distribution of t	*Company of the Company of the Compa		
EDUCATION: Check appropri	Certificate 🔲 California		-	ficate 🔲			
ive Highest Grade or Educations	ıl Level Achieved				****		
		- Andrew Control of the Control of t				my management.	
Names of colleges / universities attended	Course of Study / Majo	r Degree Awarded	Units Cor	npleted	Degree Type	Date Degree Awarded	
attended		Awarded	Semester	npleted Quarter	Туре	Degree Awarded	
attended A) CSU, Fresno	Course of Study / Majo	Awarded		The state of the s		Degree	
attended A) CSU, Fresno B) C)		Awarded On Yes No 🗵	Semester	The state of the s	Туре	Degree Awarde	
attended		Awarded	Semester	Quarter	Туре	Degree Awarde 12/77	

A) Dates (N	fonth, Day, Year)	Title	Duties Performed
<u>From</u>	<u>To</u>	Program Manager	Managed Senior Services, Therapeutic Recreation and Teen
2/02	9/14	Employer's Name and Address City of San Ramon Parks and	Programs. Duties included hiring, training, supervising and evaluation
Total: Yrs.	Mos.	Community Services Dept.	of staff and volunteers; budget
12 years	6 months	2226 Camino Ramon, San Ramon, CA. 94583	preparation and management; programming; community outreach, social services; evaluating services
Hrs. per we	ek ⁴⁰ . Volunteer 🔲		and facility management. Oversite of San Ramon Senior Advisory Com
B) Dates (N	Month, Day, Year)	Title	Duties Performed
From	<u>To</u>	Description Superior	Supervised the Therapeutic
6/84	1/02	Recreation Supervisor	Recreation Program for persons with developmental disabilities ages
Total: Vm	Mos	Employer's Name and Address City of Anaheim	5- adult, Tiny Tot Programs, Volunteer Program and one
Total: Yrs.		200 S. Anaheim Blvd.	Community Center. Responsible for
17 years	1 month	Anaheim, CA 92805	programming, hiring, training and evaluating staff and volunteers,
Hrs. per we	ek ⁴⁰ . Volunteer 🗖		budgeting, community outreach, social services.
C) Dates (I	Month, Day, Year)	Title	Duties Performed
From	<u>To</u>		
		Employer's Name and Address	
Total: Yrs.	Mos.		
Um norwe	ek Volunteer		
1 113. POI 490	, rolamon [
D) Dates (Month, Day, Year)	Title	Duties Performed
From	<u>To</u>		
Total: Ven	Maa	Employer's Name and Address	
Total: Yrs.	<u>IVIUS.</u>		
Hrs. per we	ek Volunteer		,

-	s vacancy?	
CCC Homepage Walk-In	Newspaper Advertisement District Supervisor Other Through my job.	
8. Do you have a Familial or Fin Resolution no. 2011/55, attact	nancial Relationship with a member of the Board of Supervisors? (Please see Board ched): No 🗵 Yes 🔲	
If Yes, please identify the nat	ture of the relationship:	
belief, and are made in good fai accessible. I understand and a	made by me in this application are true, complete, and correct to the best of my knowled with. I acknowledge and understand that all information in this application is publically agree that misstatements / omissions of material fact may cause forfeiture of my rights to mmission in Contra Costa County.	

- 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.

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	VACART -(Acot, David Welst)					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	VAKANT (Appt. Delores Hill)			1 de	and the second second second second	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 #I 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		/ACATE PENDING - (Appt. Shen NcNerds)					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	AGATE PENDING					9/30/2015
21	MAL#20	rederick, Susan I	2227 Greenridge Drive Richmond, CA 94803	H (510) 223-5760	1	8/14/2012	9/30/2015

22	Local Seat: Lafayette VACANT	RECRUITING	117 2 2 3 4				9/30/2015
23	Local Seat: Orinda	Clark, Nina	11 Meadow Court Orinda, CA 94563	Н (925) 254-5332	3	6/17/2014	9/30/2015
24	Local Seat: Antioch	Fernandez, Rudy	2816 Lupine Court Antioch, CA 94509	Н (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	92				9/30/2016
27	Local Seat: Concord VACANT	Resignation Perinng 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	Н (510) 313-0080	5	8/2/2005	9/30/2016
31	Local Seat: Pittsburg VACANT	Resignation Pending 1. Rinatedo					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