

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:
Airport Advisory Board

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

The state of the state of the state of	PRINT	EXACT	SEAT	NAME	(if	applicable)
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1. Name:	Jewell		John			
	(Last Name)	(F	irst Name)		(Middl	e Name)
2. Address	s: [	Discovery Ba	y,Ca 94505			
	(No.)	(Street)	(Apt.)	(City)	(State)	(Zip Code
B. Phones:						
	(Home No.)	(Work No.)		(Cell No.)		
. Email A	ddress:					

5. EDUCATION:	Check appropriate box if you possess one of the following:
High School Diplo	ma G.E.D. Certificate California High School Proficiency Certificate
Give Highest Grad	de or Educational Level Achieved College

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Cor		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) CSU San Jose, Ca	Economics	Yes No 🗵			ВА	
B)		Yes No				
C)		Yes No				
D) Other schools / training completed: Mission College, Santa Clara, Ca CC Occupational Center, SJ,ca	Course Studied	Hours Col	mpleted		rtificate Awa Yes No 🗵	

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

A) Dates (Month, Day, Year)	Title	Duties Performed
From To	ECCFD-Board member	Evaluate the financial status of the Fire District as a Board member.
	Employer's Name and Address	The status of the Fire District was at that time in limbo.
Total: <u>Yrs. Mos.</u> 4+  Hrs. per week 2+ . Volunteer ×	N/A	triat time in iningo.
B) Dates (Month, Day, Year)	Title	Duties Performed
From To	Equal Opportunity Board/Council	Evaluate and vote on the distributions of monies and grants to
	Employer's Name and Address	minorities and the elderly within the sphere of influence of the Contra
Total: Yrs. Mos. 6+  Hrs. per week . Volunteer	N/A	Costa County.
		11
C) Dates (Month, Day, Year)	Title	Duties Performed
C) Dates (Month, Day, Year) From To	Title	Duties Performed
,	Title	Duties Performed  SLIPER - SAILPLANE
,	Title  Employer's Name and Address	GLIDER-SAILPLANE
,		GLIPER-SAILPLANE PILOT AT BYRON HIR-
From To		GLIPER-SAILPLANE
From To  Total: Yrs. Mos.		GLIPER-SAILPLANE PILOT AT BYRON HIR-
From To		GLIPER-SAILPLANE PILOT AT BYRON HIR-
From To  Total: Yrs. Mos.		GLIPER-SAILPLANE PILOT AT BYRON HIR-
From To  Total: Yrs. Mos.  Hrs. per week . Volunteer	Employer's Name and Address	ELIPER-SAILPLANE PILOT AT BYRON HIR- PORT.
From To  Total: Yrs. Mos.  Hrs. per week	Employer's Name and Address	ELIPER-SAILPLANE PILOT AT BYRON HIR- PORT.
Total: Yrs. Mos.  Hrs. per week Volunteer  D) Dates (Month, Day, Year)  From To	Employer's Name and Address	ELIPER-SAILPLANE PILOT AT BYRON HIR- PORT.
From To  Total: Yrs. Mos.  Hrs. per week	Employer's Name and Address  Title	ELIPER-SAILPLANE PILOT AT BYRON HIR- PORT.
Total: Yrs. Mos.  Hrs. per week Volunteer  D) Dates (Month, Day, Year)  From To	Employer's Name and Address  Title	ELIPER-SAILPLANE PILOT AT BYRON HIR- PORT.
Total: Yrs. Mos.  Hrs. per week Volunteer  D) Dates (Month, Day, Year)  From To	Employer's Name and Address  Title	ELIPER-SAILPLANE PILOT AT BYRON HIR- PORT.

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 🗍
If Yes, please identify the nature of the relationship:
9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations?  No X Yes 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 at 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 ser on a Board, Committee, or Commission in Contra Costa County.  Sign Name:  Date:
program 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.