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:

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Goldstein (Last Name) David (First Name) Nathan (Middle Name)

2. **Address:** 1340 Arnold St (No.) (Street) #126 (Apt.) MTZ (City) CA (State) 94553 (Zip Code)

3. **Phones:** 5106538476 (Home No.) 9253139666 (Work No.) 5703341502 (Cell No.)

4. **Email Address:** dgoldstein@hsd.cccounty.us

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 MD

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) UC Santa Cruz	BA Biology	Yes ☒ No ☐			BA	6/87
B) UC Irvine	Medical	Yes ☒ No ☐			MD	6/91
C)		Yes ☐ No ☐				

D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes ☒ No ☐
Internship & Residency	Family Medicine		

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7. **How did you learn about this vacancy?**

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

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: County employee 1991-present

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:** 12/5/15

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553**.
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

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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: 11/1/15 To: Present Total: Yrs. 2 Mos. Hrs. per week 40. Volunteer ☐	Medical Director-EMS Employer's Name and Address Contra Costa County Health Services 1340 Arnold Drive #126 Martinez CA	
B) Dates (Month, Day, Year)	**Title**	**Duties Performed**
From: 9/1/09 To: 10/1/15 Total: Yrs. 6 Mos. 2 Hrs. per week 40. Volunteer ☐	Chief Medical Officer Employer's Name and Address CCRMC, Health Centers, Division 2500 Alhambra Ave Martinez CA 94553	
C) Dates (Month, Day, Year)	**Title**	**Duties Performed**
From: 6/1/01 To: 9/1/09 Total: Yrs. 8 Mos. 3 Hrs. per week 40. Volunteer ☐	Chief, Emergency Medicine Employer's Name and Address CCRMC 2500 Alhambra Ave MTZ CA 94553	
D) Dates (Month, Day, Year)	**Title**	**Duties Performed**
From: To: Total: Yrs. Mos. Hrs. per week . Volunteer ☐	Employer's Name and Address	

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