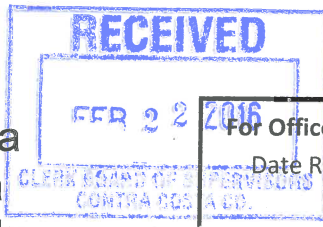




Contra
Costa
County



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:

Alcohol and Other Drugs Advisory Board

District 1A

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Hencken Randolph Nathaniel
(Last Name) (First Name) (Middle Name)

2. **Address:** [REDACTED]
(No.) (Street) (Apt.) (State) (Zip Code)

3. **Phones:** 619-865-3000
(Home No.) (Work No.) (Cell No.)

4. **Email Address:** randyhencken@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 Masters Degree

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) San Diego State University	Communication Studies	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	4		MA	2008
B) San Diego State University	Business	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	4		BS	2006
C) Colorado Mountain College	Liberal Arts	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	4		AA	1999
D) Other schools / training completed: SMART Recovery Coordinator	Course Studied Alcohol/drug rehab	Hours Completed 12			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) From <u> </u> To <u> </u></p> <p>2012 - Present</p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>4</p> <p>Hrs. per week <u>2</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p>Chairman of Board of Trustees</p> <hr/> <p>Employer's Name and Address</p> <p>Students for Sensible Drug Policy 1011 O Street NW #1 Washington DC, 20001</p>	<p>Duties Performed</p> <p>Fiscal oversight; executive director oversight and selection; legal compliance; strategic guidance; fundraising; leading of meetings.</p>
<p>B) Dates (Month, Day, Year) From <u> </u> To <u> </u></p> <p>2011 - Present</p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>5</p> <p>Hrs. per week <u>40+</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Executive Director</p> <hr/> <p>Employer's Name and Address</p> <p>The Seasteading Institute PO Box 7775 #30495 San Francisco, CA 94120</p>	<p>Duties Performed</p> <p>Resource director; project & program planning; fundraising; fiscal management; volunteer coordination; communications; staffing, etc.</p>
<p>C) Dates (Month, Day, Year) From <u> </u> To <u> </u></p> <p>2001-2006</p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>5</p> <p>Hrs. per week <u>2</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p>Meeting Coordinator</p> <hr/> <p>Employer's Name and Address</p> <p>SMART Recovery 7304 Mentor Avenue Suite F Mentor, Ohio 44060</p>	<p>Duties Performed</p> <p>Lead group meetings teaching people to use Rational Emotive Behavioral Therapy (REBT) and Cognitive Behavioral Therapy (CBT) to overcome unhealthy addictions.</p>
<p>D) Dates (Month, Day, Year) From <u> </u> To <u> </u></p> <p>2002-2006</p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>4</p> <p>Hrs. per week <u>40+</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Program Director</p> <hr/> <p>Employer's Name and Address</p> <p>Ibogaine Association Rosarito Mexico</p>	<p>Duties Performed</p> <p>Coordinated treatments for people addicted to drugs to attend an alternative treatment center in Rosarito Mexico.</p>

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other Community post Nextdoor.cc

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: Rand m/f Date: 2-17-16

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
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, California 94553-1292

Randolph Hencken
[REDACTED]
El Cerrito, CA 94530

To Whom it May Concern,

Please accept my application to serve as a volunteer on the County's Alcohol and Other Drugs Advisory Board. I am a homeowner in El Cerrito and am deeply interested in this topic and how alcohol and other drug policies affect our community. I have been involved with drug treatment and drug policy since 2001 through work, collegiate studies and volunteer roles. I am happy to answer any questions about my experience and how I can be a benefit to the Board of Supervisors. I look forward to hearing back about this opportunity.

Sincerely,

A handwritten signature in black ink, appearing to read "Randolph Hencken".

Randolph Hencken
619-865-3000



Mr. Randolph Hencken

El Cerrito, CA 94530



OAKLAND CA 94615

20 FEB 2016 PM 4 L

RECEIVED
FEB 22 2016
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

CONTRA COSTA COUNTY

CLERK OF THE BOARD

651 PINE STREET, RM 106

MARTINEZ, CA 94553-1292

94553129299

