

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:

Emergency Medical Care Committee

District 1

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

	(Last Name)	(Fi	irst Name)		(Middle	e Name)
2. Address	5:					
	(No.)	(Street)	(Apt.)	(City)	(State)	(Zip Code)
3. Phones :	925-408-2666					
	(Home No.)	(Work No.)		(Cell No.)		
4. Email A	ddress: kstieler@g	gmail.com				
100	Con Rocks		PS#COT			

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 Co	mpleted	Degree Type	Date Degree Awarded
110.0			Semester	Quarter		
A) UC Berkeley	Public Health	Yes No 🗸			MPH	May 2010
B) Washington & Lee School of Law	Law	Yes No 🖊			JD	May 2009
C) George Washington University	Public Health	Yes No 🗸			BS	May 2005
D) Other schools / training completed.	Course Studied	Hours Completed		Се	Certificate Awarded: 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	D # D # .
From To	. Title	Duties Performed
110111	Associate	Asssociate attorney in family law practice. Prepared initial
01/2015 2/2016		_ pleadings, negotiated settlements
Total: <u>Yrs.</u> <u>Mos.</u>	Employer's Name and Address Law Offices of Maria Crabtree 1801 Oakland Blvd, Suite 225 Walnut Creek, CA 94596	and represeted clients at hearings and at trial. Emphasis on cases involving allegations of domestic violence.
Hrs. per week 35 . Volunteer		
B) Dates (Month, Day, Year)	Title	Duties Performed
From To		Associate attorney in private
	Associate	practice specializing in criminal
01/2011 12/2014		defense. Represented clients accused of misdemeanors and
Total: <u>Yrs.</u> <u>Mos.</u>	Employer's Name and Address Tully & Weiss, Attorneys at Law 713 Main Street Martinez, CA 94553	felonies with an emphasis on those accused of drug-related and violent crimes. Represented clients in all
Hrs. per week 40 . Volunteer		phases of the case from arraignment through trial.
		-
C) Detec (Manth Dev Vers)	Title	Duties Darformed
C) Dates (Month, Day, Year)	Title	Duties Performed
From To	Research Associate - Health Policy	Duties Performed Provided project management support on grant-funded Medicare
		Provided project management support on grant-funded Medicare Part D study; Developed lectures
From To	Research Associate - Health Policy Employer's Name and Address University of California, San Francisco 3333 California Street	Provided project management support on grant-funded Medicare Part D study; Developed lectures for academic and professional audiences assessing developments in healthcare reform initiatives, e.g., medical homes and essential
From To 3/2011 2/2012 Total: Yrs. Mos. 1	Research Associate - Health Policy Employer's Name and Address University of California, San Francisco	Provided project management support on grant-funded Medicare Part D study; Developed lectures for academic and professional audiences assessing developments in healthcare reform initiatives, e.g.,
From To 3/2011 2/2012 Total: Yrs. Mos.	Research Associate - Health Policy Employer's Name and Address University of California, San Francisco 3333 California Street	Provided project management support on grant-funded Medicare Part D study; Developed lectures for academic and professional audiences assessing developments in healthcare reform initiatives, e.g., medical homes and essential
From To 3/2011 2/2012 Total: Yrs. Mos. 1	Research Associate - Health Policy Employer's Name and Address University of California, San Francisco 3333 California Street	Provided project management support on grant-funded Medicare Part D study; Developed lectures for academic and professional audiences assessing developments in healthcare reform initiatives, e.g., medical homes and essential
From To 3/2011 2/2012 Total: Yrs. Mos. 1 Hrs. per week 20 Volunteer □	Research Associate - Health Policy Employer's Name and Address University of California, San Francisco 3333 California Street San Francisco, CA 94118	Provided project management support on grant-funded Medicare Part D study; Developed lectures for academic and professional audiences assessing developments in healthcare reform initiatives, e.g., medical homes and essential benefits packages.
From To 3/2011 2/2012 Total: Yrs. Mos. 1 Hrs. per week 20 Volunteer D) Dates (Month, Day, Year)	Research Associate - Health Policy Employer's Name and Address University of California, San Francisco 3333 California Street San Francisco, CA 94118	Provided project management support on grant-funded Medicare Part D study; Developed lectures for academic and professional audiences assessing developments in healthcare reform initiatives, e.g., medical homes and essential benefits packages.
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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 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:
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.

8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional

7. Meeting dates and times are subject to change and may occur up to two days per month.

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