



**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:

ADVISORY COUNCIL ON AGING

MEMBER-AT-LARGE

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: NAHM RICHARD ALAN
(Last Name) (First Name) (Middle Name)

2. Address: _____
(Street Address) (City) (State) (Zip Code)

3. Phone: _____
(Home No.) (Work No.) (Cell No.)

4. Email Address: _____

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 MASTER OF PUBLIC ADMINISTRATION

| Names of colleges / universities attended | Course of Study / Major | Degree Awarded | Units Completed | | Degree Type | Date Degree Awarded |
|---|-------------------------|---|---|---------|-------------|---------------------|
| | | | Semester | Quarter | | |
| A) CAL STATE, HAYWARD | MASTER PUBLIC ADM. | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> | | | MPA | 2005 |
| B) CAL STATE, HAYWARD | POLITICAL SCIENCE | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> | | | BA | 2003 |
| C) OAKLONE COLLEGE, FRENCH | BUSINESS / LIB. ARTS | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> | | | AA | |
| D) Other schools / training completed: | Course Studied | Hours Completed | Certificate Awarded: Yes No <input 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) <u>From</u> <u>To</u> 2008 2011</p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week <u>30</u> . Volunteer <input type="checkbox"/></p> | <p>Title ADVOCACY SPECIALIST</p> <p>Employer's Name and Address MENTAL HEALTH ADVOCATES 954 - 60 ST OAKLAND, CA 94608</p> | <p>Duties Performed INTERVIEW CLIENTS WITH MENTAL DISABILITIES. COMPLETE SOC. SEC + SSI FORMS TO APPLY FOR BENEFIT. CONTACT MEDICAL SOURCES AND ENLIST THEIR ASSISTANCE IN DEVELOPING MEDICAL EVIDENCE TO SUPPORT CLAIM. ASSIST WITH APPEALS AND OTHER POST-ENTITLEMENT ISSUES.</p> |
| <p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> 2005 PRESENT</p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week _____ . Volunteer <input type="checkbox"/></p> | <p>Title SOCIAL SECURITY CONSULTANT</p> <p>Employer's Name and Address SELF-EMPLOYED</p> | <p>Duties Performed ADVISE + REPRESENT CLIENTS AT SOC. SECURITY HEARINGS RESEARCH + PREPARE HEARING BRIEFS SUPPORTED BY MATERIAL EVIDENCE</p> |
| <p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> 1974 2003</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 30</p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p> | <p>Title SOCIAL SECURITY TECHNICAL EXPERT, RETIRED</p> <p>Employer's Name and Address SOC. SEC. ADM. 1116 JACKSON ST OAKLAND, CA</p> | <p>Duties Performed PUBLIC INFORMATION RETIREMENT SEMINARS PUBLIC/PRIVATE EMPLOYER TRAINING LIAISON TO GOVERNMENT ENTITIES CLAIMS, POST-ENTITLEMENT ISSUES OFFICE TRAINING OF SSA EMPLOYEES</p> |
| <p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week _____ . Volunteer <input type="checkbox"/></p> | <p>Title</p> <p>Employer's Name and Address</p> | <p>Duties Performed</p> |

(ADVOCATE ON BEHALF OF MENTALLY ILL)

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other CURRENT MEMBER

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

Sign: _____

Date: 8/30/12

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.