



**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: Ames Kathryn B.
(Last Name) (First Name) (Middle Name)

2. Address: _____ . CA 94518
(No.) (Street) (Apt.) (State) (Zip Code)

3. Phones: _____ N/A N/A
(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 _____

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) S.F. State University	Clinical Science	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			BA BA	
B) Holy Names University	Human Services	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			BA	06/1993
C)		Yes <input type="checkbox"/> No <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

03/2014 - Present : Volunteer for Ombudsman Service
 - Field Investigator (In-training) Contra Costa County.
 - Office Data Input

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>05</u> To <u>1992 - 12/13/2013</u></p> <p>Total: Yrs. <u>21</u> Mos. <u>7</u></p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title <u>Medical Sec. / DATA INPUT</u></p> <p>Employer's Name and Address <u>Kaiser Permanente Hospital</u> <u>1992 @ Kaiser Hayward Home Health</u> <u>2002 transferred to Kaiser Martinez Home Health</u> <u>200 Muir Rd. MT2</u></p>	<p>Duties Performed <u>Computer program- Data entry</u> <u>Audits</u> <u>Procurement of supplies</u></p>
<p>B) Dates (Month, Day, Year) From <u>April 1979</u> To <u>Dec 1991</u></p> <p>Total: Yrs. <u>12</u> Mos. <u>8</u></p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title <u>POST ICU Unit Secretary AND ADMIN ASSIST- COAGULATION LAB</u></p> <p>Employer's Name and Address <u>Providence Hospital</u> <u>3100 Summit St. Oakland</u> <u>Merged to Merritt medical center</u></p>	<p>Duties Performed <u>Performed all Unit Secretary Duties on the Post Intensive Care Unit</u> <u>Transferred to the Coagulation Center Lab : admin duties</u> <u>small amount of lab work</u></p>
<p>C) Dates (Month, Day, Year) From <u>1975</u> To <u>1978</u></p> <p>Total: Yrs. <u>3</u> Mos. <u>0</u></p> <p>Hrs. per week <u>32</u> . Volunteer <input type="checkbox"/></p>	<p>Title <u>Food Services Clerk Microbiology Lab Assistant</u></p> <p>Employer's Name and Address <u>Alta Bates Hospital</u> <u>Berkeley, CA</u></p>	<p>Duties Performed <u>Menu + Nutritional information to inpatients</u> <u>Transferred to Microbiology Lab</u> <u>- processed blood cultures</u> <u>- "planted" specimens</u> <u>- general office work</u></p>
<p>D) Dates (Month, Day, Year) From <u>1968</u> To <u>1974</u></p> <p>Total: Yrs. <u>6</u> Mos. <u>0</u></p> <p>Hrs. per week <u>0 m call</u> . Volunteer <input type="checkbox"/></p> <p><u>"Student job"</u></p>	<p>Title <u>Radiology File Clerk</u></p> <p>Employer's Name and Address <u>Herrick Hospital</u> <u>2001 Dwight Way</u> <u>Berkeley, CA</u></p>	<p>Duties Performed <u>general duties regarding x-ray reports & charts</u></p>

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other 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 Board, Committee, or Commission in Contra Costa County.

Sign Name: _____ Date: 02/17/2016

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.