

Contra Costa County California
Employment & Human Services

Kathy Gallagher, Director

40 Douglas Dr., Martinez, CA 94553 * Phone: (925) 313-1579 * Fax: (925) 313-1575 * www.cccounty.us/ehsd

MEMORANDUM

DATE: 10/25/2016

TO: Family and Human Services Committee

CC: Victoria Tolbert, Director Aging and Adult Services

FROM: Jaime Ray, Staff Representative for the Advisory Council on Aging

SUBJECT: Advisory Council on Aging – Appointment Requested

The Contra Costa Area Agency on Aging (AAA) recommends for immediate appointment to the Contra Costa Advisory Council on Aging (ACOA) the following applicant: Mr. Fred Adams for Member at Large Seat # 1. The MAL #1 seat is undesignated and has remained vacant since March 29, 2016.

Recruitment has been handled by both the Area Agency on Aging, the ACOA and the Clerk of the Board using CCTV. AAA staff has encouraged interested individuals including minorities to apply through announcements provided at the Senior Coalition meetings and at the regular monthly meetings of the ACOA. The Contra Costa County EHSD website contains dedicated web content where interested members of the public are encouraged to apply and are provided an application with instructions on whom to contact for ACOA related inquiries, including application procedure.

Mr. Adams was interviewed by the ACOA Membership Committee on 8/17/2016 to fill MAL #1 on the ACOA with term ending 9/30/2017. Mr. Adams submitted an application for ACOA membership dated 6/12/2016 that is provided as a separate attachment. At the time of his ACOA Membership Committee selection to fill one of two At Large vacancies there was one other applicant; the ACOA voted to approve Mr. Adams appointment recommendation at their 10/19/16 meeting.

Thank You



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. 108
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
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

At Large
PRINT EXACT SEAT NAME (if applicable)

1. Name: Adams (Last Name) Fred (First Name) Thomas (Middle Name)

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

3. Phones: [Redacted] (Home No.) [Redacted] (Work No.) [Redacted] (Cell No.)

4. Email Address: [Redacted]

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 of Science

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>Santa Clara University</u>	<u>Sociology</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>BA</u>	<u>6/68</u>
B) <u>Childrens Hosp. L.A.</u>	<u>Physical Therapy</u>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>			<u>Certificate</u>	<u>'72</u>
C) <u>St. Mary's College</u>	<u>Health Admin.</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>Master</u>	<u>191</u>
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) From <u>6/13</u> To <u>Present</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u></p> <p>Hrs. per week <u>4-6</u>. Volunteer <input checked="" type="checkbox"/></p>	<p>Title <u>Trustee / Vice Pres. / President</u></p> <p>Employer's Name and Address <u>Rossmore Scholarship</u> <u>Box Foundation</u> <u>PO 2056</u> <u>Wichit Creek, CA, 94595</u></p>	<p>Duties Performed</p> <ul style="list-style-type: none"> - Evaluate student performance - Fund raising / Publicity - Policy making / decisions - Executive Board
<p>B) Dates (Month, Day, Year) From <u>1/99</u> To <u>3/2006</u> <u>(retired)</u></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <u>6</u> <u>6</u></p> <p>Hrs. per week <u>40</u>. Volunteer <input type="checkbox"/></p>	<p>Title <u>Rehab Manager</u></p> <p>Employer's Name and Address <u>Kaiser Permanente</u> <u>Vallejo CA</u> <u>Home Health Dept.</u></p>	<p>Duties Performed</p> <ul style="list-style-type: none"> - Direct pt. care and home assessment - Supervise PT, OT + ST two facilities - Liaison rehab staff with nursing services
<p>C) Dates (Month, Day, Year) From _____ To _____</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>
<p>D) Dates (Month, Day, Year) From _____ To _____</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>

THIS FORM IS A PUBLIC DOCUMENT

7. How did you learn about this vacancy?

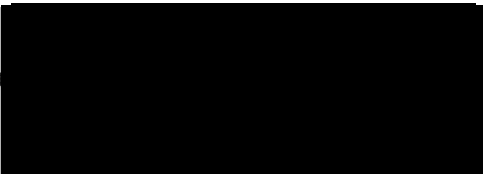
CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other Flyer P.H. Senior Center

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:

6/12/16

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.