



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 Equal Employment Opportu

Veteran's Seat

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: WALLS BURNS Gayle
(Last Name) (First Name) (Middle Name)

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

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

4. Email Address: gdeyeuu@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 Doctorate

Names of colleges / universities attended	Course of Study / Major	Degree Awarded Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) California State University, Hayward	Liberal Studies	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			BA	
B) John F Kennedy University	Law	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			JD	
C) Brandman University	Education	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			M. Ed	
D) Other schools / training completed: Chapman University	Course Studied Education (teaching certificate)	Hours Completed			Certificate Awarded: Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	

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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)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 7/2015 <input type="text"/> present</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> 0 <input type="text"/> 9</p> <p>Hrs. per week <input type="text"/> 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Workforce Services Specialist</p> <p>Employer's Name and Address</p>	<p>Duties Performed</p> <p>Represents EHSD (Employment and Human Services) as high-level staff support to or designate participant on various policy, advisory, community and/or regional committees and groups. Collaborates with staff of agencies and service providers within the workforce system to develop strategically effective programs, to ensure consistent application of policy,</p>
<p>B) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 12/2006 <input type="text"/> 7/2015</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> 8 <input type="text"/> 7</p> <p>Hrs. per week <input type="text"/> 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Eligibility Work Supervisor I</p> <p>Employer's Name and Address</p>	<p>Duties Performed</p> <p>Apply the fundamentals of benefit determination and supportive services by following the provisions of the California Welfare and Institutions Code, the State Department of Social Services Eligibility and Assistance Standards and the State Department of Health Medi-Cal regulations as they relate to public social service programs. Review applications and cas</p>
<p>C) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 12/1988 <input type="text"/> 12/2006</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> 18 <input type="text"/> 0</p> <p>Hrs. per week <input type="text"/> 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Eligibility Worker/SS Program Assistant</p> <p>Employer's Name and Address</p>	<p>Duties Performed</p> <p>Assisted staff to access, navigate and perform eligibility and CalWIN functions; researched problems with the CalWIN system; provided solutions by interpreting rules, policies and procedures to provide accurate, detailed solutions or resolutions. Provided ongoing support of staff in CalWIN functions and procedures; provided system access to staff by clea</p>
<p>D) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 5/2001 <input type="text"/> 12/2015</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> 14 <input type="text"/> 7</p> <p>Hrs. per week <input type="text"/> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p>President/Member Representative</p> <p>Employer's Name and Address</p>	<p>Duties Performed</p> <p>in conferring with Management and assisting in the development of department(al) policies and procedures and in identifying safety needs of employees; participate in contract discussions/negotiations between Management and Labor; review Memorandum of Understanding for clarity and correctness prior to printing; participa</p>

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7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other on the committee presently

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: _____

Date: 6/22/2016

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.

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**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
 1. Mother, father, son, and daughter;
 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

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