



**RECEIVED**  
 MAR 24 2014  
 Contra Costa County  
 CLERK BOARD OF SUPERVISORS  
 CONTRA COSTA CO.

**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

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Doran Jennifer

2. Address \_\_\_\_\_ (Zip Code)

3. Phones: \_\_\_\_\_ (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 16 years

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) University of Kansas	Nursing	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			BSN	June, 1965
B)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
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>            Sept., 1969    Sept. 2005</p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>                      33</p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title            Public Health Nurse, PHN Manager</p> <hr/> <p>Employer's Name and Address            Solano County Health and Social Services, Beck Ave. Fairfield, CA. 94333</p>	<p>Duties Performed</p> <ol style="list-style-type: none"> <li>1. Home visits, case management</li> <li>2. Assumed increasing responsibilities over the years with promotions to Nursing Supervisor and PHN Manager.</li> <li>3. Managed large and diverse staff in public health nursing and communicable disease programs.</li> <li>4. Service included breaks for maternity leave over the years.</li> </ol>
<p>B) 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> <hr/> <p>Employer's Name and Address</p>	<p>Duties Performed</p>
<p>C) 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> <hr/> <p>Employer's Name and Address</p>	<p>Duties Performed</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> <hr/> <p>Employer's Name and Address</p>	<p>Duties Performed</p>

7. How did you learn about this vacancy?

CCC Homepage  Walk-In  Newspaper Advertisement  District Supervisor  Other Susan Frederick, Board 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

3/20/2014

**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.

**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:

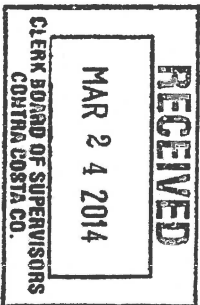
- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any 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.

CARRIAGE OF

21 MAR 2014 PM



OFF. OF CLERK OF THE BOARD  
631 PINE ST. ROOM 106  
MARTINEZ, CA 94553



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