



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:

Alcohol and Drug Commission
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

District 1
PRINT EXACT SEAT NAME (if applicable)

1. Name: Cummings (Last Name) Courtney (First Name) (Middle Name)

2. Address: (No.) (Street) (Apt.) CA (State) 94801 (Zip Code)

3. Phones: (Home No.) (Work No.) same (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 12th grade

| Names of colleges / universities attended | Course of Study / Major | Degree Awarded | Units Completed | | Degree Type | Date Degree Awarded |
|---|-----------------------------|---|--|----------|-------------|---------------------|
| | | | Semester | Quarter | | |
| A) <u>Contra Costa Community College</u> | <u>Certified Nurse Aide</u> | Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> | | | | |
| B) <u>Contra Costa Community College</u> | <u>A.A.</u> | Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> | <u>50</u> | <u>0</u> | <u>AA</u> | <u>10/2019</u> |
| 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 checked="" 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>Sept 2009</u> To <u>April 2017</u> Total: <u>7</u> Yrs. <u>7</u> Mos. Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p> | <p>Title <u>Community Health Worker</u> <u>Native America Health Center</u> Employer's Name and Address <u>2516 Macdavid Ave</u> <u>Richmond, VA 23201</u></p> | <p>Duties Performed <u>Clerical, Admin duties, research check requests, outreach to agencies, publicize NAHC and its services, one-one peer meetings for D.V. medical, dental, news,up, jobs, recovery</u> <u>facilitate weekly groups, safety leader for site</u> <u>dedicated homes, confidential setting</u></p> |
| <p>B) Dates (Month, Day, Year) From <u>2012</u> To <u>2017</u> Total: <u>4</u> Yrs. <u></u> Mos. Hrs. per week <u>8 hrs</u> . Volunteer <input checked="" type="checkbox"/></p> | <p>Title <u>City of Richmond Human Rights Commissioner</u> Employer's Name and Address <u>City of Richmond</u> <u>Office of Mayor Butt.</u></p> | <p>Duties Performed <u>Advocate for human rights of community persons, regardless of background, race, religion, gender, economics etc.</u> <u>red level</u></p> |
| <p>C) Dates (Month, Day, Year) From <u>March 2017</u> To <u>Present</u> Total: <u>2</u> Yrs. <u></u> Mos. Hrs. per week <u>2 hrs</u> . Volunteer <input type="checkbox"/></p> | <p>Title <u>Kiwanis Member of Richmond Chapter</u> Employer's Name and Address</p> | <p>Duties Performed <u>Advocate for children rights and voices.</u> <u>Make a positive difference for our community</u></p> |
| <p>D) Dates (Month, Day, Year) From <u>2019</u> To <u>Present</u> Total: <u></u> Yrs. <u></u> Mos. Hrs. per week <u></u> . Volunteer <input checked="" type="checkbox"/></p> | <p>Title <u>Chair leader of Richmond Native America</u> Employer's Name and Address <u>Paw-waw</u> <u>111 20th Street</u> <u>Richmond, VA 23201</u></p> | <p>Duties Performed <u>Coordinate Annual City of Richmond Paw-waw.</u></p> |

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other John Giosa Webpage

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: Candrey Corning Date: 4/28/17

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:

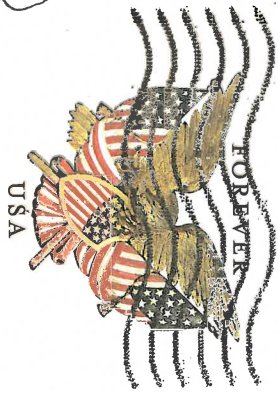
- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any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

Ms. Bethel Cummings
Richmond, CA 94801

RECEIVED
MAY-01 2017
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

Contra Costa County Clerk of the Board
651 Pine Street Room 106
Martinez, California
94553-1292

OAKLAND CA 945
28 APR 2017 PM 3 L



94553-1292

