



Contra  
Costa  
County

For Office Use Only

Date Received:

NOV 17 2010

CLERK BOARD OF SUPERVISORS

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:

First 5 Contra Costa Children's Families

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

Alternate

PRINT EXACT SEAT NAME (if applicable)

1. Name: MINDEL TRISHA KULKARNI  
(Last Name) (First Name) (Middle Name)

2. Address: [Redacted] Kensington CA 94707  
(No.) (Street) (Apt.) (City) (State) (Zip Code)

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

4. Email Address: [Redacted] [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 DEGREE

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>Michigan State</u>	<u>Humanities/Chemistry</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>B.A.</u>	<u>5/98</u>
B) <u>WAYNE State</u>	<u>Social Work</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>MSW</u>	<u>5/07</u>
C) <u>[Redacted]</u>	<input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>			
<u>OAKLAND University</u>	<u>Chemistry</u>	<u>20 credit hours</u>				

THIS FORM IS A PUBLIC DOCUMENT

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>  <div>01/2016</div> <div>Current</div> <p>Total: <u>Yrs.</u>      <u>Mos.</u>  <div></div> <div></div> <p>Hrs. per week <u>15</u> . Volunteer <input checked="" type="checkbox"/></p> </p></p>	<p>Title  <div>FOUNDER</div> <p>Employer's Name and Address  <div>Kensington Village  OF Women and  Girls.</div> </p> </p>	<p>Duties Performed  <div>Local organization  to build community  and serve in volunteering  capacities, organizing  events, programming  for education, and  service in the town.</div> </p>
<p>B) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  <div>7/1/2008</div> <div>1/1/2010</div> <p>Total: <u>Yrs.</u>      <u>Mos.</u>  <div>1</div> <div>6</div> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title  <div>Psychotherapist / Community Educator</div> <p>Employer's Name and Address  <div>ASIAN &amp; PACIFIC Islander  Wellness Center  130 Polk Street  SAN FRANCISCO, CA</div> </p> </p>	<p>Duties Performed  <ul style="list-style-type: none"> <li>• INTENSIVE CASE management</li> <li>• IND. and group Psychotherapy</li> <li>• CSTEP TRAINING Program Development and implementation</li> <li>• Supervising interns</li> </ul> </p>
<p>C) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  <div>8/1/2007</div> <div>5/1/2008</div> <p>Total: <u>Yrs.</u>      <u>Mos.</u>  <div></div> <div>10</div> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title  <div>Psychotherapist</div> <p>Employer's Name and Address  <div>Maine Center  819 Busse Hwy  PARK Ridge, IL  60068</div> </p> </p>	<p>Duties Performed  <ul style="list-style-type: none"> <li>• INDIVIDUAL &amp; Group therapy for Substance Abuse Mental illness</li> <li>• created and facilitated a parole reintegration group for Illinois dept of corrections.</li> <li>• Community outreach</li> </ul> </p>
<p>D) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  <div></div> <div></div> <p>Total: <u>Yrs.</u>      <u>Mos.</u>  <div></div> <div></div> <p>Hrs. per week <u></u> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title  <div></div> <p>Employer's Name and Address  <div></div> </p> </p>	<p>Duties Performed  <div></div> </p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☒ District Supervisor ☐ Other

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:

John Mindel

Date:

November 2, 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.



OAKLAND CA 945

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Clerk of the Board  
651 Pine Street, Rm 106  
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