

3. Phones:

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)

(Home No.)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR: **Emergency Medical Care Committee** B4 - California Highway Patrol PRINT EXACT SEAT NAME (if applicable) PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION 1. Name: Goldhammer Brian (Middle Name) (Last Name) (First Name) 94553 Martinez CA 2. Address: (City) (State) (Zip Code) (Street) (Apt.) (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 Master's Degree

(Work No.)

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) California State University, Long Beach	Emergency Services Administrtion	Yes No 🗵	45		MS	June 2014
Portland State University	Criminal Justice & Criminology	Yes No 🗵		98	BS	June 2010
C) University of Phoenix	Criminal Justice	Yes No 🗵	60		AA	Feb 2008
D) Other schools / training completed:	Course Studied	Hours Co.	mpleted	Ce	ertificate Aw Yes No	

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.

A) Dates (Month, Day, Year)	Title	Duties Performed
<u>From To</u>		
05 (0000	Lieutenant	Plans, organizes, and assigns required duties within a command; instructs,
05/2002 Present	Employer's Name and Address	directs, and advises first-line
Total: Yrs. Mos.		supervisors; assumes duties of Area
		commander as needed; provides on-
15		scene response and supervision for
	5001 Blum Road	major incidents consistent with SEMS;
Hrs. per week Volunteer 🔲	Martinez, CA 94553	meets and interacts with community
\ \		groups and allied agencies
B) Dates (Month, Day, Year)	Title	Duties Performed
From To		
	Employer's Name and Address	——————————————————————————————————————
Total: <u>Yrs.</u> <u>Mos.</u>	Employer 3 Name and Address	
1 otali <u>110.</u> <u>[Mos.</u>		
Ura nor woold Voluntary		
Hrs. per week Volunteer		
, and the second		
C) Dates (Manth Day Vest)	T:41 -	
(Ivionth, Day, Year)	Title	Duties Performed
C) Dates (Month, Day, Year) From To	i itie	Duties Performed
	ı itle	Duties Performed
		Duties Performed
From To	Employer's Name and Address	Duties Performed
		Duties Performed
From To		Duties Performed
From To Total: Yrs. Mos.		Duties Performed
From To		Duties Performed
From To Total: Yrs. Mos. Hrs. per week . Volunteer .	Employer's Name and Address	
Total: Yrs. Mos. Hrs. per week		Duties Performed Duties Performed
From To Total: Yrs. Mos. Hrs. per week . Volunteer .	Employer's Name and Address	
Total: Yrs. Mos. Hrs. per week	Employer's Name and Address Title	
Total: Yrs. Mos. Hrs. per week	Employer's Name and Address	
Total: Yrs. Mos. Hrs. per week	Employer's Name and Address Title	
Total: Yrs. Mos. Hrs. per week	Employer's Name and Address Title	
Total: Yrs. Mos. Hrs. per week	Employer's Name and Address Title	
Total: Yrs. Mos. Hrs. per week	Employer's Name and Address Title	
Total: Yrs. Mos. Hrs. per week	Employer's Name and Address Title	

7. How did you learn about this vacancy?	
☐CCC Homepage☐ Walk-In ☐Newspaper Advertisement ☐District Supervisor ☒Other attended EMCC meeting	
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:	
l 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:	
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- 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.