



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. 108
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

At Large

PRINT EXACT SEAT NAME (if applicable)

1. Name: Adams Fred Thomas
(Last Name) (First Name) (Middle Name)

2. Address: [REDACTED] 94595
(No.) (Street) (Apt.) (State) (Zip Code)

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

4. Email Address: [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 of Science

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Santa Clara University	Sociology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			BA	6/68
B) Childrens Hosp. L.A.	Physical Therapy	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>			Certificate	72
C) St. Mary's College	Health Admin.	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			Master	1991
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

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) From <u>6/13</u> To <u>Present</u></p> <p>Total: Yrs. <u> </u> Mos. <u> </u></p> <p>Hrs. per week <u>4-6</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title <u>Trustee / Vice Pres / President</u></p> <p>Employer's Name and Address <u>Rossmore Scholarship</u> <u>Box Foundation</u> <u>PO 2056</u> <u>Wichit Creek, CA, 94595</u></p>	<p>Duties Performed <u>Executive student per-</u> <u>formance</u></p> <ul style="list-style-type: none"> - Fund raising / Publicity - Policy making / decisions - Executive Board
<p>B) Dates (Month, Day, Year) From <u>1/99</u> To <u>3/2006</u> <u>(retired)</u></p> <p>Total: Yrs. <u>6</u> Mos. <u>6</u></p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title <u>Rehab Manager</u></p> <p>Employer's Name and Address <u>Kaiser Permanente</u> <u>Vallejo CA</u> <u>Home Health Dept.</u></p>	<p>Duties Performed</p> <ul style="list-style-type: none"> - Direct pt. care and home assessment - Supervise PT, OT + ST two facilities - Liaison rehab staff with nursing services
<p>C) Dates (Month, Day, Year) From <u> </u> To <u> </u></p> <p>Total: Yrs. <u> </u> Mos. <u> </u></p> <p>Hrs. per week <u> </u> . Volunteer <input type="checkbox"/></p>	<p>Title <u> </u></p> <p>Employer's Name and Address <u> </u></p>	<p>Duties Performed <u> </u></p>
<p>D) Dates (Month, Day, Year) From <u> </u> To <u> </u></p> <p>Total: Yrs. <u> </u> Mos. <u> </u></p> <p>Hrs. per week <u> </u> . Volunteer <input type="checkbox"/></p>	<p>Title <u> </u></p> <p>Employer's Name and Address <u> </u></p>	<p>Duties Performed <u> </u></p>

THIS FORM IS A PUBLIC DOCUMENT

7. How did you learn about this vacancy?

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

P.H. Senior Center
Flier

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:

8/16/17

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.

THIS FORM IS A PUBLIC DOCUMENT