



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:

Area Council on Aging

Member at large

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Frederick Susan Jane
(Last Name) (First Name) (Middle Name)

2. **Address:** [Redacted] Richmond Ca 94803
(No.) (Street) (Apt.) (City) (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 in Health Services Administration

	Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
				Semester	Quarter		
A)	Contra Costa Community College	Nursing	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			AA	1976
B)	New York State University	Nursing	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			BSN	1985
C)	St Mary's College Calif.	Nursing	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			MSHSA	1988
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> <div>1991</div> <div>2001</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>10</div> <div></div> Hrs. per week <div>40+</div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Nurse Program Manager</div> Employer's Name and Address <div>Contra Costa Regional Medical Center 2500 Alhambra Ave. Martinez, ca</div></p>	<p>Duties Performed <div>Managed Critical Care Unit Intermediate Care Unit (for several years) Surgical Unit</div></p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>1976</div> <div>1991</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>15</div> <div></div> Hrs. per week <div>40+</div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Registered Nurse</div> Employer's Name and Address <div>Veterans Administration Hospital Muir Road Martinez, ca</div></p>	<p>Duties Performed <div>Nursing Care Evening Nurse Supervisor Head Nurse Medical Unit Head Nurse Surgical Unit Head Nursing Critical Care Unit</div></p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div></div> <div></div> Total: <u>Yrs.</u> <u>Mos.</u> <div></div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/></p>	<p>Title <div></div> Employer's Name and Address <div></div></p>	<p>Duties Performed <div></div></p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div></div> <div></div> Total: <u>Yrs.</u> <u>Mos.</u> <div></div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/></p>	<p>Title <div></div> Employer's Name and Address <div></div></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: 

Date: 8-2-2017

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.