



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:

CONTRA COSTA COUNTY ADVISORY COUNCIL ON AGING

PRINT EXACT NAME OF BOARD, COMMITTEE/OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: TERVELT RONALD L.
(Last Name) (First Name) (Middle Name)

2. Address: _____
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: _____
(Home No.) (WORK 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 COLLEGE GRADUATE

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) PURDUE UNIVERSITY	ARCHITECTURAL ENGINEERING	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			MAS	1963
B) PURDUE UNIVERSITY	MATHEMATICS	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			BS	1967
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 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 To 7/1/09 6/30/10 Total: Yrs. Mos. 1 Hrs. per week 20. Volunteer <input type="checkbox"/></p>	<p>Title GRAND JURY FOREMAN Employer's Name and Address CONTRA COSTA COUNTY 725 COURT ST. MARTINEZ, CA</p>	<p>Duties Performed LEAD 19 MEMBERS IN THEIR DUTIES AS GRAND JURY MEMBERS</p>
<p>B) Dates (Month, Day, Year) From To 7/1/09 6/30/09 Total: Yrs. Mos. 1 Hrs. per week 20. Volunteer <input type="checkbox"/></p>	<p>Title GRAND JURY MEMBER Employer's Name and Address CONTRA COSTA COUNTY 725 COURT ST. MARTINEZ, CA</p>	<p>Duties Performed EVALUATE CITIES AND COUNTY SERVICES FOR EFFICIENCIES AND EFFECTIVENESS</p>
<p>C) Dates (Month, Day, Year) From To 3/2001 6/2008 Total: Yrs. Mos. 7 Hrs. per week 20. Volunteer <input type="checkbox"/></p>	<p>Title TRUSTEE Employer's Name and Address CONTRA COSTA COUNTY MOSQUITO & VECTOR CONTROL DISTRICT 155 MASON CIRCLE CONCORD, CA</p>	<p>Duties Performed PRESIDENT, VICE PRESIDENT, BUDGET CHAIRPERSON, POLICY DEVELOPMENT, LOCALS, OBSERVATIONS</p>
<p>D) Dates (Month, Day, Year) From To 1/2014 PRESENT Total: Yrs. Mos. 3 Hrs. per week 2. Volunteer <input type="checkbox"/></p>	<p>Title MEMBER ADVISORY COUNCIL ON AGING Employer's Name and Address 500 ELLINWOOD DR. PLEASANT HILL, CA</p>	<p>Duties Performed ADVOCACY ON BEHALF OF OLDER PERSONS ADVISORY BODY TO THE BOARD OF SUPERVISORS</p>

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

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: 8-10-17

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.

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