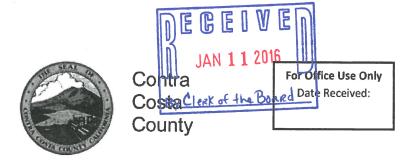
Print Form



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: Council on Homelessness Government #1 PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION PRINT EXACT SEAT NAME (if applicable) 1. Name: Struthers, Anne B. (Last Name) (First Name) (Middle Name) 2. Address: Alamo, CA 94507 (No.) (Street) (City) (Apt.) (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 Master, Public Administration

Names of colleges / universities attended	Course of Study / Major Degree Awards		Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Whitman College		Yes No □⊠	3			n/a
UC Berkeley	Development Studies	Yes No 🗷		5	ВА	6/80
C) CalState East Bay	Public Administration	Yes No 🗵 🗆			МРА	1/2000
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	
From To	Homeless Manager, EHSD		
1/17	Employer's Name and Address		
Total: <u>Yrs. Mos.</u> 0 Hrs. per week 40 . Volunteer	Contra Costa County Employment & Human Services Dept. 651 Pine St. Martinez, CA 94553	Homeless and housing program coordination	
B) Dates (Month, Day, Year)	Title	Duties Performed	
From To 12/16	Division Manager, General Assistance		
12/10	Employer's Name and Address	1	
Total: <u>Yrs. Mos.</u> 5 7 Hrs. per week 40 . Volunteer	Contra Costa County Employment & Human Services Dept. see above	Program management and administration of general assistance benefit program, CAPI, interments and volunteer services.	
C) Dates (Month, Day, Year)	Title	Duties Performed	
From To 3/06 4/11	Volunteer Program Coordinator		
	Employer's Name and Address		
Total: Yrs. Mos.		lic : 1	
5 Hrs. per week 40 . Volunteer	Contra Costa County Employment & Human Services Dept. see above	Supervise volunteer unit, administration of programs, and Season of Sharing grant.	
5 Hrs. per week 40 . Volunteer D) Dates (Month, Day, Year)	Contra Costa County Employment & Human Services Dept.	administration of programs, and	
D) Dates (Month, Day, Year) From To	Contra Costa County Employment & Human Services Dept. see above	administration of programs, and Season of Sharing grant.	
5 Hrs. per week 40 . Volunteer D) Dates (Month, Day, Year)	Contra Costa County Employment & Human Services Dept. see above Title	administration of programs, and Season of Sharing grant.	

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 X Yes X
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:

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.

Council on Homelessness

To Whom it may concern:

I am interested in serving on the Council on Homelessness for a variety of reasons, some personal and some professional. I am in a newly-created position within EHSD to coordinate and support housing issues and believe that participation in the Council is an essential part of understanding homelessness and helping to direct action in the most effective way. On a personal level, I have been involved in housing development for individuals with developmental disabilities and am familiar with many housing issues faced by vulnerable sectors of the population today.

I hope to be able to bring my skills and passion to working with a council of similarly-minded individuals on a local and regional level.

Thank you for your consideration.

Anne Struthers