Print Form

Contra Costa County	For Office Use Only Date Received:	For Reviewers Use On Accepted Rejected	ly:
BOARDS, COMMITTEES, AND COMMISSI	ONS 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 A ADVISORY COUNCIL ON AGING PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION	MAL-16	AT NAME (if applicable)	]
1. Name: LEASURE	ROBERT	DILL	ON
	(First Name)	(Middle )	Name)
2. Address:	DANVIL	LE CA	9452
No.) (Street)	(Apt.) (City)	(State)	(Zip Code)
3. Phones:	pro-		
(Home No.) (Work No	o.) (Cell No.	.)	
4. Email Address:	, <b>E</b>		

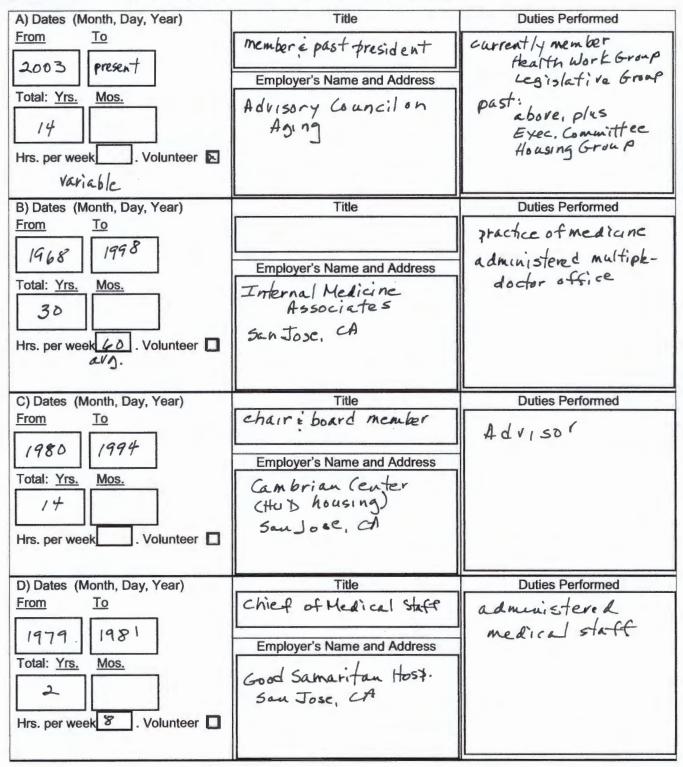
5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma 🔀 G.E.D. Certificate 🔲 California High School Proficiency Certificate 🔲

Give Highest Grade or Educational Level	Achieved DOCTOR	OF	MEDICINE
erre ingritter er e			

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Cor	npleted	Degree Type	Date Degree Awarded
			Semester	Quarter		
A) UNIV. OF ILLINOIS	PREMED	Yes No	6			
B) UNIV. OF ILLINOIS	MEDICINE	Yes No 🗵			MD	1962
C)		Yes No				
D) Other schools / training	Course Studied	Hours Co	mpleted	Ce	ertificate Aw	arded:
Completed:	REDICAL RESIDENCY				Yes No 📉	D

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.



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 K 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:	\$ 18/2017		

## Important Information

- 1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
- 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.
- 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.
- Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.