

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)

PLEASE TYPE OR PRINT IN INK (Each Position Requires a Separate Application) BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR: East Contra Costa Fire Protection District Boa Director PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION PRINT EXACT SEAT NAME (if applicable) 1. Name: Thompson Susanna (Last Name) (First Name) (Middle Name) Clayton CA 94517 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_ Junior

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter	Possilin was a com-	- N
A) Diablo Valley College	General/History	Yes No 🔽	64			
B) UC Berkeley	History	Yes No 🔽	30			
C)		Yes No 🔟				
D) Other schools / training completed:	Course Studied	Hours Cor	mpleted		rtificate Awa 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) From To 09/10/1999 Current Total: Yrs. Mos. 18 2 Hrs. per week 20 . Volunteer	Title Co-owner Employer's Name and Address Electrical Solutions PO BOX 873 Clayton CA 94517	Duties Performed Co-owner of electrical contracting business based in Contra Costa County providing contracted and emergency services. Managing accounts payable and receivable, establishing and maintaining relationships with customers and vendors, acquiring and maintaining equipment and materials.	
B) Dates (Month, Day, Year) <u>From To</u> 6/21/2004 7/1/2015 Total: <u>Yrs. Mos.</u> 11 1 Hrs. per week 30 . Volunteer	Title Owner Employer's Name and Address Carreleon Farm 19391 Marsh Creek Road Brentwood CA 94513	Duties Performed Provided scheduled and emergency medical transportation for horses in Contra Costa County to UC Davis and other area equine hospitals. Managed care and rehabilitation of horses after release from hospitals. Coordinated with local law enforcement for transportation of horses involved in legal disputes. Provided evacuation of horses from natural disasters in Contra Costa	
C) Dates (Month, Day, Year) <u>From To</u> 2/2000	Title Manager Employer's Name and Address Tailgate Farm 720 Northgate Road Walnut Creek CA 94596	Duties Performed Managed facility and all training operations for large equestrian equestrian training center with clients competing on the West Coast and in Canada. Coordinated show and travel schedules and transport arrangements for clients and horses, managed suppliers, veterinary care and scheduling, and directed maintenance of facility. Worked with clients to define yearly	
D) Dates (Month, Day, Year) From To 1/1998 1/2000 Total: Yrs. Mos. 2 0 Hrs. per week 50 . Volunteer	Title Manager Employer's Name and Address Blackhawk Equestrian Center Camino Tassajara Road Danville CA	Duties Performed Managed all aspects of large equine show stable with clients competing throughout California. Scheduling and coordinating daily routines as well as communication with clients and ensuring their satisfaction with the program.	

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:
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.