

MAIL OR DELIVER TO: Contra Costa County CLERK OF THE BOARD

completed:

Flight Training



For Reviewers Use Only:
Accepted Rejected

Yes No X

## BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

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: Airport Advisory Committee PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION **PRINT EXACT SEAT NAME (if applicable)** 1. Name: Koenig Keith Raymond (Last Name) (Middle Name) (First 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 <a> G.E.D. Certificate</a> <a> California High School Proficiency Certificate</a> <a> California High School Proficiency Certificate</a> Give Highest Grade or Educational Level Achieved Date Names of colleges / universities Degree Degree Course of Study / Major **Units Completed** Degree attended Awarded Type Awarded Semester Quarter A) 60 Yes No X BS University of Texas Nursing 12/2016 B) 7/2007 De Anza College Nursing Yes No X AS 100 C) Yes No D) Other schools / training Course Studied **Hours Completed** Certificate Awarded:

Private Pilot

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 <u>To</u> 10/2015 Present	Nurse Case Manager	Evaluate the appropriateness of admission, level of care, continued
10/2015 Present	Employer's Name and Address	hospitalization and readiness for
Total: <u>Yrs. Mos.</u> 2  0  Hrs. per week 40  . Volunteer	Sutter Health 1700 Coffee Road Modesto, CA 95355	discharge (DC); assures timely movement of patients throughout the continuum of care by conducting concurrent review and proactively resolving care, service or DC delays issues as necessary; proactively assessing post-DC
B) Dates (Month, Day, Year)	Title	Duties Performed
From To 5/2012 1/2015	Assistant Nurse Manager	<ul> <li>Managing the daily department operations to ensure safe, timely and</li> </ul>
5,2012	Employer's Name and Address	outstanding care for our members.
Total: <u>Yrs. Mos.</u> 3  6  Hrs. per week 40  . Volunteer	Kaiser Permanente 1425 S. Main Street Walnut Creek, CA	<ul> <li>Researches, identifies, and implements best practice models.</li> <li>Investigates and resolves personnel/patient/family member concerns.</li> <li>Continually researching new processes to increase efficiencies and maintain department budget.</li> </ul>
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C) Dates (Month, Day, Year)	Title	Duties Performed
From To	Title Critical Care Nurse	Charge Nurse and Committee chair     Performs assessment/data collection
		<ul> <li>Charge Nurse and Committee chair</li> <li>Performs assessment/data collection</li> <li>in an on-going systematic manner,</li> </ul>
From To  7/2007 5/2012  Total: Yrs. Mos.  4 10  Hrs. per week 40 . Volunteer	Critical Care Nurse	Charge Nurse and Committee chair     Performs assessment/data collection
From To  7/2007 5/2012  Total: Yrs. Mos.  4	Critical Care Nurse  Employer's Name and Address  Good Samaritan Hospital 2425 Samaritan Drive	<ul> <li>Charge Nurse and Committee chair</li> <li>Performs assessment/data collection in an on-going systematic manner, focusing on physiologic, psychosocial, cultural, and spiritual status.</li> <li>Monitoring/Interpretation of EKG rhythm strips.</li> <li>Coordination of nurse assignments</li> <li>Assist MD's with bedside procedures.</li> </ul>

7. How did you learn about this vacancy?	
IN CCC Homepage Walk-In Newspaper Advertisement District Supervisor □Other	Secretary and the secretary an
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 X Yes 7	
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 knowled 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 a Board, Committee, or Commission in Contra Costa County.	
Sign Name:	

## **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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