



Contra  
Costa  
County

RECEIVED

SEP 13 2017

CLERK BOARD OF SUPERVISORS  
CONTRA COSTA CO

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

Health Work Group  
PRINT EXACT SEAT NAME (if applicable)

1. Name: YEE (Last Name) DENNIS (First Name) DON (Middle Name)

2. Address: [Redacted] (No.) (Street) (Apt.) (State) (Zip Code)

3. Phones: [Redacted] (Home No.) [Redacted] (Work No.) [Redacted] (Cell No.)

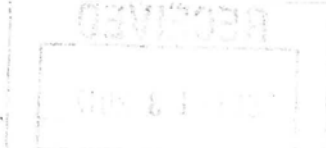
4. Email Address: [Redacted]

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'S

| Names of colleges / universities attended | Course of Study / Major | Degree Awarded  | Units Completed   |         | Degree Type | Date Degree Awarded       |
|---|-------------------------|---|---|---------|-------------|---------------------------|
|   |                         |   | Semester  | Quarter |             |                           |
| A) UNIVERSITY OF CALIF                    | BIOLOGY                 | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> |   |         | BA          | <del>BACHELORS</del> 1977 |
| B) SF STATE                               | BUS. ADMIN              | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> |   |         | MBA         | 1982                      |
| 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"/> |         |             |                           |



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)<br/> <u>From</u>      <u>To</u>      +<br/>         JAN 24, 2000      JAN 5, 2015</p> <p>Total: <u>Yrs.</u>    <u>Mos.</u><br/>         15    15</p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p> | <p>Title<br/>         SR. PRICING CONSULTANT</p> <p>Employer's Name and Address<br/>         KAISER HEALTH PLAN<br/>         1800 HARRISON<br/>         OAKLAND</p> | <p>Duties Performed<br/>         GROUP HEALTH<br/>         INSURANCE<br/>         UNDERWRITER</p> |
| <p>B) Dates (Month, Day, Year)<br/> <u>From</u>      <u>To</u></p> <p>Total: <u>Yrs.</u>    <u>Mos.</u></p> <p>Hrs. per week _____ . Volunteer <input type="checkbox"/></p>   | <p>Title</p> <p>Employer's Name and Address</p>   | <p>Duties Performed</p>   |
| <p>C) Dates (Month, Day, Year)<br/> <u>From</u>      <u>To</u></p> <p>Total: <u>Yrs.</u>    <u>Mos.</u></p> <p>Hrs. per week _____ . Volunteer <input type="checkbox"/></p>   | <p>Title</p> <p>Employer's Name and Address</p>   | <p>Duties Performed</p>   |
| <p>D) Dates (Month, Day, Year)<br/> <u>From</u>      <u>To</u></p> <p>Total: <u>Yrs.</u>    <u>Mos.</u></p> <p>Hrs. per week _____ . Volunteer <input type="checkbox"/></p>   | <p>Title</p> <p>Employer's Name and Address</p>   | <p>Duties Performed</p>   |

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: \_\_\_\_\_

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: \_\_\_\_\_

9/10/2017

### 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.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for  
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution  
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;  
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.

II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:

1. Mother, father, son, and daughter;
2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
4. First cousin;
5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
7. Registered domestic partner, pursuant to California Family Code section 297.
8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



RECEIVED  
SEP 13 2017  
CLERK BOARD OF SUPERVISORS  
COSTA MESA, CA

Contra Costa County  
CLERK OF THE BOARD  
651 PINE ST, RM 106  
MARTINEZ CA 94563-1096



Dennis D. Yee

Pleasant Hill CA 94523

[www.eastbayopcs.org](http://www.eastbayopcs.org)



