

For Orfice Use Only

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)

NRMAC PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION				A C MEMBER				
				PRINT EXACT SEAT NAME (if applicable)				
1. Name: Garcia			Karen	E.				
(Last Name)			(First N	a 1e)	(Middle Name)			
2. Address:	1636	1st Street	Richmone		CA	948	01	
	(No.)	(Street)	(j	p)	(State)	(Zip Code)
3. Phones:				510-507	-0408			
(Home No.)		(W	ork No.)	(Cell No.)				
		ergirl1991@gma		of the following	ina:			
4. Email Ad 5. EDUCATION:	Check appro	ppriate box if you	u possess on			tificate 🔲		
5. EDUCATION:	Check appro	ppriate box if you	u possess on			tificate 🗖		
5. EDUCATION: High School Dipl Bive Highest Gra Names of colle	Check appro	opriate box if you D. Certificate conal Level Achie	u possess on		oficiency Ceri	tificate	Degree Type	
i. EDUCATION: High School Dipl Bive Highest Gra Names of colle atte	Check approloma G.E. ade or Education Ges / universitie ended	opriate box if you D. Certificate conal Level Achie	u possess on California Feved	g i School Pr	oficiency Ceri			Degree
i. EDUCATION: High School Diploid Sive Highest Grant Names of collegate A) Diablo V	Check approduced or Education of Education o	D. Certificate D. Certificate Conal Level Achie Course of	u possess on California F eved Study / Major	g i School Pr	oficiency Ceri	ompleted		Date Degree Awarded
Figh School Diplomate Highest Grant Names of collection (A) Diablo (B) Contra	Check approloma G.E. ade or Education Ges / universitie ended	D. Certificate D. Certificate Conal Level Achie Course of	u possess on California Feved	Degree Awarded	oficiency Ceri	ompleted		Degree
Figh School Diplomagnetic Highest Grant Names of collection (A)	Check approduced or Education of Education o	D. Certificate D. Certificate Course of Culin	u possess on California F eved Study / Major	Degree Awarded es No ces No c	oficiency Ceri	ompleted		Degree

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETE Y 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 contribution that the section.

A) Dates (Month, Day, Year)					
		i' e	Duties Performed		
From To			Community Volunteer Projects		
Jan. 2018 to Now	Community Lead	r	, injecto		
3411. 2010 to NOW	F 1		Community Engagement		
T. Il. V	Employer's N	e and Address	, , , , , , , , , , , , , , , , , , , ,		
Total: Yrs. Mos.	Love Your Block		Door-to-Door Surveys and		
	2010 TOUR BROOK		Interviews		
	Love North Richn) d			
Uno populario Valuata a					
Hrs. per week Volunteer					
B) Dates (Month, Day, Year)	8	i e	Duties Performed		
<u>From</u> <u>To</u>			Actively involved in school activities		
	PTA, SSC		and decisions at the administrative		
Aug 2017 to June 2018			level.		
Contract to the Market	Employer's N	n e and Address	Acceptance of the delication		
Total: <u>Yrs.</u> <u>Mos.</u>					
	Verde Elementar				
_					
Hrs. per week Volunteer					
C) Dates (Month, Day, Year)		ī e	Duties Deview		
From To		1 6	Duties Performed		
110111					
	Employer's N	e and Address			
Total: Yrs. Mos.	Linployers N	e and Address			
10tal. 113. <u>1103.</u>					
Hrs. per week . Volunteer					
. Wel per Week Verdinger					
D) Dates (Month, Day, Year)		i e	Duties Performed		
From To			Daties Ferformed		
<u> 10</u>					
	Employer's N	e and Address			
Total: Yrs. Mos.		o and madress			
	į.				
Hrs. per week Volunteer					
NORMALIA PROPERTY CONTRACTOR OF THE STATE OF					

7. How did you learn about this vacancy?
CCC Homepage Walk-In Newspaper Advertisement [] istrict Supervisor Other Love Your Block
8. Do you have a Familial or Financial Relationship with a mer ber 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: Janen & Haram Date: July 17, 2015
Important in formation
1. This application is a public document and is subject to the California oldic Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Soard at: 651 Pine Street, Room 106, Martinez, CA 94553.
3. A résumé or other relevant information may be submitted with this any cation.
4. All members are required to take the following training: 1) The Brow / xt, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be require 11:1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required 1:78 B 1234.
6. Advisory body meetings may be held in various locations and som∈ ations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to boo days per month.
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