



Contra
Costa
County

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Date Received:

CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO

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:

Integrated Pest Management Advisory Comm.

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION PRINT EXACT SEAT NAME (if applicable)

1. Name: Shusterman Dennis Jay
(Last Name) (First Name) (Middle Name)

2. Address: Richmond CA 94807
(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

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Pacific Oaks College Pasadena, CA	Human Development	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	BA	2/71
B) University of California, Davis	Medicine	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	MD	6/1978
C) University of California, Berkeley	Environmental Health Sciences	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	MPH	2/82
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded:			
Family Medicine Residency Occupational Medicine Training	Board Certified Board Certified	<input type="text"/>	Yes No <input checked="" 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) From <u>5/2017</u> To <u>current</u> Total: <u>1</u> Yrs. <u>6</u> Mos. Hrs. per week <u> </u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Master Gardener Volunteer Employer's Name and Address UC Master Gardener Program of Contra Costa County 2380 Bisso Lane, Suite B Concord, CA 94520</p>	<p>Duties Performed Community & school garden consultation</p>
<p>B) Dates (Month, Day, Year) From <u>9/2014</u> To <u>current</u> Total: <u>4</u> Yrs. <u>2</u> Mos. Hrs. per week <u>8</u> . Volunteer <input type="checkbox"/></p>	<p>Title Physician V (per diem) Employer's Name and Address University of California, Berkeley Occupational Health Service 2222 Bancroft Way Berkeley, CA 94720</p>	<p>Duties Performed Examine and treat injured workers</p>
<p>C) Dates (Month, Day, Year) From <u>11/2007</u> To <u>8/2014</u> Total: <u>6</u> Yrs. <u>10</u> Mos. Hrs. per week <u>40+</u> . Volunteer <input type="checkbox"/></p>	<p>Title Public Health Medical Officer III (Supv) Employer's Name and Address Occupational Health Branch CA Dept. of Public Health 850 Marina Bay Parkway Building P, 3rd Floor Berkeley, CA 94804</p>	<p>Duties Performed Managed group evaluating chemical hazards in workplace. Prepared fact sheets and hazard alerts. Conducted field investigations.</p>
<p>D) Dates (Month, Day, Year) From <u>9/2004</u> To <u>10/2007</u> Total: <u>3</u> Yrs. <u>2</u> Mos. Hrs. per week <u>40+</u> . Volunteer <input type="checkbox"/></p>	<p>Title Professor of Medicine Employer's Name and Address University of Washington Occupational & Environmental Med. 325 Ninth Avenue Box 359739 Seattle, WA 98104</p>	<p>Duties Performed Evaluated and treated complex occupational and environmental medicine cases. Directed occupational medicine residency and taught toxicology.</p>

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other CCMG message board

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: 11/6/18

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.