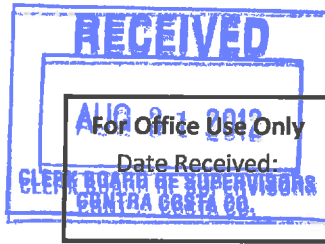




Contra  
Costa  
County



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:

Advisory Council on Aging

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Card, Deborah Ann  
 (Last Name) (First Name) (Middle Name)

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

3. Phones: [Redacted] [Redacted] [Redacted]  
 (Home No.) (Work No.) (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 Doctorate in Education

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Michigan State University	Nursing	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			BSN	6/74
B) UCSan Francisco	Nursing	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			MSN	6/77
C) University of San Francisco	Education	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			Ed.D.	6/83
D) Other schools / training completed: CSU East Bay	Course Studied Geriatric Studies	Hours Completed	Certificate Awarded: 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>          </u> To <u>          </u> 09/05/1977 to Currently</p> <p>Total: <u>      </u> Yrs. <u>      </u> Mos. Approx. 34 years</p> <p>Hrs. per week <u>20</u> . Volunteer <input type="checkbox"/></p>	<p>Title Public Health Nurse/Manager</p> <hr/> <p>Employer's Name and Address Contra Costa County: Health Services Dept: Public Health, Mental Health</p> <hr/> <p>Employment and Human Services Department: IHSS, APS, MSSP, I&amp;A</p>	<p>Duties Performed Nursing assessment and evaluation of medical, psychosocial, emotional, economic needs of older adults and persons with disabilities. Primary work with vulnerable populations. Linking individuals to greatly needed services. Home visits/ phone consultations/case conferencing with other providers of care to enhance clients' quality of life.</p>
<p>B) Dates (Month, Day, Year) From <u>          </u> To <u>          </u> 07/14/11 to Currently</p> <p>Total: <u>      </u> Yrs. <u>      </u> Mos. 1 year 2 months</p> <p>Hrs. per week <u>3-4</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Information and Assistance Volunteer</p> <hr/> <p>Employer's Name and Address Employment and Human Services 500 Ellinwood Dr. Pleasant Hill, CA</p>	<p>Duties Performed Receive phone calls from residents of the community searching for services for older adults and persons with disabilities. Referrals to necessary services; linkages to care. Mailings of resources as follow-up to phone conversations.</p>
<p>C) Dates (Month, Day, Year) From <u>          </u> To <u>          </u> 11/7/11 to Currently</p> <p>Total: <u>      </u> Yrs. <u>      </u> Mos.</p> <p>Hrs. per week <u>2</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Volunteer Care Coordinator</p> <hr/> <p>Employer's Name and Address Senior Outreach Services/Meals on Wheels 1300 Civic Drive Walnut Creek, CA</p>	<p>Duties Performed Provides care coordination services to residents attending the Bay Point Senior Nutrition site. Assesses client needs and links to services. Arranges for inservices on health/ safety issues. Provides resource materials as needed.</p>
<p>D) Dates (Month, Day, Year) From <u>          </u> To <u>          </u> 01/22/1991 to Currently</p> <p>Total: <u>      </u> Yrs. <u>      </u> Mos. 21+ years</p> <p>Hrs. per week <u>15</u> . Volunteer <input type="checkbox"/></p>	<p>Title California State University</p> <hr/> <p>Employer's Name and Address CSU Dominguez Hills CSU Fullerton-Fullerton, CA</p>	<p>Duties Performed Nursing faculty teaching courses on the life cycle, aging, community health, etc.</p>

7. How did you learn about this vacancy?

CCC Homepage  Walk-In  Newspaper Advertisement  District Supervisor  Other Notification by Advisory Bd

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: Subarna Card Date: 8/29/12

### 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.