

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

| PLEASE TY        | ifornia 94553-1292<br>PE OR PRINT IN INK<br>on Requires a Separate Ap | pplication)                  |                   |                              |                |                           |
|------------------|---|------------------------------|-------------------|------------------------------|----------------|---------------------------|
| BOARD, COMMITTEE | OR COMMISSION NAME  | AND SEAT TITLE YOU ARE APPLY | NG FOR:           |                              |                |                           |
| CCCu             | Jomens Come   | nission                      | At Large          |                              |                |                           |
| PRINT EXACT NAME | OF BOARD, COMMITTEE,  | OR COMMISSION                | PRINT EXA         | CT SEAT NAME (if applicable) |                |                           |
| 1. <b>Name</b> : |   |                              |                   |                              |                |                           |
| (1               | Last Name)  | (First N                     | ame)              | (N                           | liddle Nam     | e)                        |
| 0 Add=====       |   |                              |                   |                              |                |                           |
| 2. Address:      | (No.)   | (Street) (A                  | upt.) (C          | City) (State)                |                | (Zip Code)                |
| 3. Phones:       |   |                              |                   |                              |                |                           |
| 0.1.1101100.     | <br>(Home No.)  | (Work No.)                   | (Cell             | No.)                         |                |                           |
|                  | ` '   | · ,                          | ·                 | ·                            |                |                           |
| 4. Email Ad      | dress:  |                              |                   |                              |                |                           |
|                  |   |                              |                   |                              |                |                           |
|                  |   |                              |                   |                              |                |                           |
| 5. EDUCATION     | : Check appropriat  | e box if you possess one     | of the following  | g:                           |                |                           |
| High School Dip  | loma 🗌 G.E.D. C   | ertificate 🗌 California H    | igh School Prof   | iciency Certificate          |                |                           |
| Give Highest Gr  | ade or Educational  | Level Achieved_Back          | slors Deg         | ree                          |                |                           |
|                  | eges / universities<br>ended  | Course of Study / Major      | Degree<br>Awarded | Units Completed              | Degree<br>Type | Date<br>Degree<br>Awarded |

| Names of colleges / universities attended | Course of Study / Major | Degree<br>Awarded | Units Cor | npleted | Degree<br>Type           | Date<br>Degree<br>Awarded |
|---|-------------------------|-------------------|-----------|---------|--------------------------|---------------------------|
|   |                         |                   | Semester  | Quarter |                          |                           |
| A)<br>CSU Sacramento                      | Communications          | Yes No 🗖          | 4         |         | B.A. 7                   | Nay 1985                  |
| B)  |                         | Yes No 🗌          |           |         |                          |                           |
| C)  |                         | Yes No 🗌          |           |         |                          |                           |
| D) Other schools / training completed:    | Course Studied          | Hours Cor         | mpleted   | Ce      | rtificate Aw<br>Yes No 🗌 |                           |

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 |
|---|------------------------------------|------------------|
| <u>From</u> <u>To</u>   |                                    |                  |
|   |                                    |                  |
| Total No. Mar   | Employer's Name and Address        |                  |
| Total: <u>Yrs.</u> <u>Mos.</u>  |                                    |                  |
|   |                                    |                  |
| Hrs. per week Volunteer   |                                    |                  |
|   |                                    |                  |
| D. Datas (Marth Day Van)  | T'0.                               | D. Car Darfassas |
| B) Dates (Month, Day, Year) From To   | Title                              | Duties Performed |
| <u>1011</u>   |                                    |                  |
|   | Employer's Name and Address        |                  |
| Total: Yrs. Mos.  | ,p.o, o. oao aaa                   |                  |
|   |                                    |                  |
| _   |                                    |                  |
| Hrs. per week Volunteer   |                                    |                  |
|   |                                    |                  |
| C) Dates (Month, Day, Year)   | Title                              | Duties Performed |
| -, ( · · · · · · · · , - · · · ) , · · · · · · ,  | 110                                |                  |
| From To   | 11110                              |                  |
|   |                                    |                  |
| <u>From</u> <u>To</u>   | Employer's Name and Address        |                  |
|   |                                    |                  |
| <u>From</u> <u>To</u>   |                                    |                  |
| From To  Total: Yrs. Mos.   |                                    |                  |
| <u>From</u> <u>To</u>   |                                    |                  |
| From To  Total: Yrs. Mos.  Hrs. per week Volunteer  | Employer's Name and Address        |                  |
| From To  Total: Yrs. Mos.   |                                    | Duties Performed |
| From To  Total: Yrs. Mos.  Hrs. per week Volunteer   D) Dates (Month, Day, Year)                                  | Employer's Name and Address        |                  |
| From To   Total: Yrs. Mos.   Hrs. per week Volunteer □ D) Dates (Month, Day, Year) From To                        | Employer's Name and Address        |                  |
| From To  Total: Yrs. Mos.  Hrs. per week Volunteer   D) Dates (Month, Day, Year)                                  | Employer's Name and Address  Title |                  |
| From To   Total: Yrs. Mos.   Hrs. per week Volunteer □ D) Dates (Month, Day, Year) From To                        | Employer's Name and Address  Title |                  |
| From To   Total: Yrs. Mos.   Hrs. per week Volunteer □   D) Dates (Month, Day, Year)   From To   Total: Yrs. Mos. | Employer's Name and Address  Title |                  |
| From To   Total: Yrs. Mos.   Hrs. per week Volunteer □ D) Dates (Month, Day, Year) From To                        | Employer's Name and Address  Title |                  |

| 7. How did you learn about this vacancy?  |  |
|---|--|
| □CCC Homepage Walk-In □Newspaper A  | dvertisement □District Supervisor □Other   |
| 8. Do you have a Familial or Financial Relations<br>Resolution no. 2011/55, attached): No   | ship with a member of the Board of Supervisors? (Please see Board<br>Yes   |
| If Yes, please identify the nature of the relation  | onship:  |
| 9. Do you have any financial relationships with No Yes  | the County such as grants, contracts, or other economic relations?   |
| If Yes, please identify the nature of the relation  | onship:  |
| belief, and are made in good faith. I acknowledg  | his application are true, complete, and correct to the best of my knowledge and<br>ge and understand that all information in this application is publically<br>atements / omissions of material fact may cause forfeiture of my rights to serve<br>tra Costa County. |
| Sign Name:  | Date: /-/6-20/9  |
| Sign Name:  |  |
|   | Date: /-/6-20/9  |
| <ol> <li>This application is a public document and is subject</li> </ol>  | Date:  |
| <ol> <li>This application is a public document and is subject</li> </ol>  | Important Information  It to the California Public Records Act (CA Gov. Code §6250-6270).  The of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.  |
| <ol> <li>This application is a public document and is subject</li> <li>Send the completed paper application to the Office</li> <li>A résumé or other relevant information may be sub</li> </ol> | Important Information  It to the California Public Records Act (CA Gov. Code §6250-6270).  The of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.  |

- 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 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.