

Accepted	Rejected
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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>8/2006</u> To <u>1/2019</u>          Total: Yrs. <u>12</u> Mos. <u>5</u>          Hrs. per week <u>15-30</u> . Volunteer <input type="checkbox"/></p>	<p>Title  <b>Outreach Coordinator</b>          Employer's Name and Address          Care Parent Network          1340 Arnold Dr, Suite 115          Martinez, CA 94553</p>	<p>Duties Performed          Support, training and services navigation for parents of children with special needs          Training for early childhood educators and early intervention professionals</p>
<p>B) Dates (Month, Day, Year)          From <u>9/2002</u> To <u>6/2006</u>          Total: Yrs. <u>3</u> Mos. <u>9</u>          Hrs. per week <u>8-12</u> . Volunteer <input type="checkbox"/></p>	<p>Title  <b>Adjunct Faculty Member</b>          Employer's Name and Address          Las Positas College          Livermore, CA</p>	<p>Duties Performed          Teaching marine biology and oceanography</p>
<p>C) Dates (Month, Day, Year)          From <u>1991</u> To <u>2002</u>          Total: Yrs. <u>11</u> Mos. <u></u>          Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title  <b>Assistant Professor</b>          Employer's Name and Address          University of California          Department of Integrative Biology          Berkeley, CA</p>	<p>Duties Performed          Teaching, research, student advising</p>
<p>D) Dates (Month, Day, Year)          From <u>2015</u> To <u>present</u>          Total: Yrs. <u>3</u> Mos. <u>3</u>          Hrs. per week <u></u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title  <u>CAC Chair</u>          Employer's Name and Address  <u>Contra Costa STEPP</u>  <u>Concord, CA</u></p>	<p>Duties Performed  <u>support &amp; training for parents of children who receive special education</u></p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other request to renew seat

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: 3/12/19

**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.

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**APPLICATION FOR MEMBERSHIP**

Name: Deborah Penry  
Home Address: \_\_\_\_\_ City: Orinda Zip: 94563  
Business/Agency/Affiliation: Contra Costa SELPA CAC  
Address: \_\_\_\_\_ City: Concord Zip: 94520  
Type of Organization: CAC is community org Position: CAC chair  
Day Phone: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**A. CATEGORIES FOR APPOINTMENT**

The County Board of Supervisors and the Superintendent of Schools make appointments to the Early Care and Education Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

- ☐ **1. Consumer of Child Care Services** - using childcare or have used it within the past 36 months.  
Are you currently utilizing Child Care? ☐ Yes ☐ No Date you last used it: \_\_\_\_\_  
Type of Care: \_\_\_\_\_ Location: \_\_\_\_\_  
Length of Time as a Consumer: \_\_\_\_\_

- ☐ **2. Child Care Provider**- please check the types of care you provide and note the number of children:
- |   |                                  |
|---|----------------------------------|
| _____ Licensed family care provider   | # of children licensed for _____ |
| _____ Licensed & publicly funded child care center                          | # of children licensed for _____ |
| _____ Licensed, private for profit, or private non-profit child care center | # of children licensed for _____ |
| _____ Subsidized Child Care Program   | # of children licensed for _____ |
| _____ License exempt child care provider                                    | # of children cared for _____    |
- Location of your facility: \_\_\_\_\_ Program/Center Name: \_\_\_\_\_

- ☒ **3. Community Representative:** Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.

Organization: CC SELPA CAC Service Provided: support & training for parents whose children receive special education  
Location: Concord, CA Service Area: all school districts except WCCUSD, MDUSD, SPRVUSD

- ☒ **4. Public Agency Representative** - Including city, county and local education agencies.  
Agency: \_\_\_\_\_ Service Area: \_\_\_\_\_

- ☐ **5. All Other**- Please describe:  
\_\_\_\_\_  
\_\_\_\_\_



**B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION**

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin:

Which region of the County would you represent: Central/South

White (non-Hispanic)

Black (Includes African, Jamaican, Trinidad and West Indian)

Hispanic (includes Mexican, Puerto Rican Cuban, Latin American or Spanish)

Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)

American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)

Other \_\_\_\_\_

**C. CURRENT COUNCIL INVOLVEMENT:**

Are you currently an active participant on a Council Committee? \_\_\_ No ☒ Yes

Which Committee: LPC chair What is your participation? LPC chair

**D. INTERESTS:** Personal/Professional areas of interest/experience/skills that could benefit the Council:

support & training for providers, professionals,  
parents with respect to  
inclusion of children with special needs

I am interested in becoming a Council representative because:

I am interesting in continuing because  
I believe in the mission of the LPC

**E. MEMBER RESPONSIBILITIES:** Members are expected to attend regular meetings on the fourth Monday of July, September, November, January, March, and May from 3:00 p.m. to 5:00 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: ☒ Yes \_\_\_ No

If needed, do you have the support of your agency/employer to be an active member of the Council?

☒ Yes \_\_\_ No

**F. How did you hear about the Planning Council?**

already a member

Please attach your resume and a letter of interest with this application. Mail completed application, resume and letter of interest to the Contra Costa County Local Planning and Advisory Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature

Date: 3/12/19