

completed:

For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

Yes No

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: Contra Costa County Planning and Advisory Council for Early Care & Education Community Representative West PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION PRINT EXACT SEAT NAME (if applicable) 1. Name: McClendon-Gourdine Crystal Yvonne (Last Name) (First Name) (Middle Name) Richmond CA 94806 2. Address: (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: Give Highest Grade or Educational Level Achieved Date Names of colleges / universities Degree Degree Course of Study / Major Units Completed Degree attended Awarded Type Awarded Semester Quarter Psychology Spelman College Yes No BA 1990 B) University of Maryland Human Development Yes No 1998 PHd Mills College 2011 **ECE** Leadership Yes No D) Other schools / training Course Studied Hours Completed Certificate Awarded:

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
From To	Senior Research Associate	Development of Professional Learning Publications
	Employer's Name and Address	3
Total: Yrs. Mos.	Center for Child and Family Studies, WestEd 180 Harbor Blvd., Suite 112 Sausalito, CA 94965	
B) Dates (Month, Day, Year)	Title	Duties Performed
From To 9/1/2011 Present	Contractor	Training development and facilitation; Other Tasks as
9/1/2011 Present	Employer's Name and Address	Designated
Total: <u>Yrs.</u> <u>Mos.</u>	BabyLove Child Development	
8 7	Inc. 845 Meadow View Dr.	
Hrs. per week . Volunteer	Richmond, CA 94806	
C) Dates (Month, Day, Year)	Title	Duties Performed
From To	,	
From To	Employer's Name and Address	
Total: Yrs. Mos.	Employer's Name and Address	
	Employer's Name and Address	
Total: <u>Yrs.</u> <u>Mos.</u>	Employer's Name and Address	
	Employer's Name and Address	
Total: <u>Yrs.</u> <u>Mos.</u>	Employer's Name and Address Title	Duties Performed
Total: Yrs. Mos. Hrs. per week . Volunteer		
Total: <u>Yrs. Mos.</u> Hrs. per week Volunteer D) Dates (Month, Day, Year)	Title	
Total: Yrs. Mos. Hrs. per week		
Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year)	Title	
Total: Yrs. Mos. Hrs. per week	Title	
Total: Yrs. Mos. Hrs. per week	Title	

7. How did you learn about this vacancy?			
□CCC Homepage Walk-In Newspaper Advertisement □District Supervisor □Other Current Board Member			
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:			

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.



APPLICATION FOR MEMBERSHIP

Name:	Prystal McClendon - Go <u>urdine</u>	
Home Add		nmond zip: 94806
Business/	gency/Affiliation: West-FD	
Address:	_city: <u>Sausali</u> t	D zip: 94965
Type of Or	ganization: NON P <u>nofi7</u> Position:	Senior Research Associate
Day Phone	:	<u>Emoclendong our dine à 9 mai 7</u>
The County Early Care Twenty per categories	ORIES FOR APPOINTMENT Board of Supervisors and the Superintendent of Sand Education Planning Council. Members must live the Planning Council members are to be dradescribed below: Child Care Consumer, Child Care tive, Public Agency Representative, and All Other. epresent.	ve or work in Contra Costa County. awn from each of the following e Provider, Community
	1. Consumer of Child Care Services - using child 36 months. Are you currently utilizing Child Care? Yes No Type of Care: How Many Street Consumer: No Length of Time as a Consumer:	Date you last used it: 4/12/19 Location: El Cemto HS
	Child Care Provider- please check the types of number of children: Licensed family care provider Licensed & publicly funded child care center Licensed, private for profit, or private non-profit child care center Subsidized Child Care Program License exempt child care provider	# of children licensed for
	Location of your facility:	Program/Center Name:
	3. Community Representative: Includes civic or obusiness that advocate for child care but do NOT partment of Education to provide child	provide child care or contract with the
		e Provided:
	Location: Service	e Area:
	4. Public Agency Representative - Including city	
	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"
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: What is your participation? We will not be a council Committee.
D. INTERESTS: Personal/Professional areas of interest/experience/skills that could benefit the Council: (A) Con Council
I am interested in becoming a Council representative because:
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?
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: