

Application Form

Profile

Adey Teshager  
First Name Middle Initial Last Name

Home Address Suite or Apt  
San Pablo CA 94806  
City State Postal Code

Primary Phone

Email Address

Which supervisorial district do you live in?

☒ District 1

Education

Select the option that applies to your high school education \*

☒ G.E.D. Certificate

College/ University A

Name of College Attended

Adey Teshager

Degree Type / Course of Study / Major

Fidm

Degree Awarded?

☐ Yes ☒ No

College/ University B

Name of College Attended

Contra Costa college

**Degree Type / Course of Study / Major**

General

**Degree Awarded?**

☐ Yes ☒ No

**College/ University C**

**Name of College Attended**

Merritt, college

**Degree Type / Course of Study / Major**

General

**Degree Awarded?**

☐ Yes ☒ No

**Other schools / training completed:**

**Course Studied**

Alpha program

**Hours Completed**

8 weeks

**Certificate Awarded?**

☒ Yes ☐ No

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**Board and Interest**

**Which Boards would you like to apply for?**

Contra Costa Council on Homelessness: Submitted

**Seat Name**

**Have you ever attended a meeting of the advisory board for which you are applying?**

☐ Yes ☒ No

**If you have attended, how many meetings have you attended?**

**Please explain why you would like to serve on this particular board, committee, or commission.**

To better serve my community and having experienced homelessness I have insight on the issues

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### **Qualifications and Volunteer Experience**

**I would like to be considered for appointment to other advisory boards for which I may be qualified.**

☐ Yes ☒ No

**Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?**

☐ Yes ☒ No

**List any volunteer or community experience, including any advisory boards on which you have served.**

Cab

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**Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)**

Currently in the Richard Boyd fellowship

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[Upload a Resume](#)

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### **Conflict of Interest and Certification**

**Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?**

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

**Do you have any financial relationships with the County such as grants, contracts, or other economic relations?**

☐ Yes ☒ No

**If Yes, please identify the nature of the relationship:**

**Please Agree with the Following Statement**

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**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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.**

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☒ **I Agree**