



Contra
Costa
County

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
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

ACEEO

UNION SEAT #1

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** WALKER TRACEY MICHELE
(Last Name) (First Name) (Middle Name)

2. **Address:** [Redacted]
[Redacted]
[Redacted]
[Redacted] (Home No.) [Redacted] (Work No.) [Redacted] (Cell No.)

4. **Email Address:** Tracey.Walker@cchealth.org

5. **EDUCATION:** Check appropriate box if you possess one of the following:

[Redacted]
[Redacted]

[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

[Redacted]

[Redacted]

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> 09/2016 PRESENT Total: Yrs. <u> </u> Mos. <u> </u> 3 1 Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title SR. DISEASE INTERVENTION SPECIALIST Employer's Name and Address [REDACTED]</p>	<p>Duties Performed Manage, promote, and expand the delivery of PrEP related services within Contra Costa County. Conduct training of staff (clinical and non-clinical); Develop program policies, procedures and workflows for staff; Provide outreach and patient recruitment for PrEP program. Conduct patient education and navigation for PrEP related resources; Develop and imple</p>
<p>B) Dates (Month, Day, Year) From <u> </u> To <u> </u> 11/2010 08/2016 Total: Yrs. <u> </u> Mos. <u> </u> 5 9 Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title DISEASE INTERVENTION TECHNICIAN Employer's Name and Address [REDACTED]</p>	<p>Duties Performed Orin Allen Duties Provide HIV prevention, education, and testing services to high risk youth housed at Orin Allen rehabilitation center. Conduct interviews to asses possible risk factors associated with the transmission of Sexually Transmitted infections. Develop risk reduction plans to prevent the spread of these communicable diseases. Implement on</p>
<p>C) Dates (Month, Day, Year) [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p>	<p>Title [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p>	<p>Duties Performed [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p>
<p>[REDACTED] [REDACTED] [REDACTED] [REDACTED]</p>	<p>Title [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p>	<p>Duties Performed [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p>

[REDACTED]

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other

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: Tracy Walker Date: 11-13-18

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.

THIS FORM IS A PUBLIC DOCUMENT