

## Application Form

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### Profile

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

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Census 2020 Complete Count Steering Committee: Submitted

Seat Name (if applicable)

#### Describe why you are interested in serving on this advisory board/commission (please limit your response to one paragraph).

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I work with the Community Clinic Consortium of Contra Costa and Solano Counties, representing 5 member health centers, with 26 clinical sites. Our health centers primarily serve low-income, Medi-Cal eligible individuals, and many uninsured patients, including undocumented adults and immigrant communities. Our health centers are invested in a complete count happening in Contra Costa County, and are trusted providers across many traditionally "hard to reach" communities.

#### This application is used for all boards and commissions

Laura

First Name

R

Middle Initial

Sheckler

Last Name

Email Address

3720 Barrett Ave.

Home Address

Suite or Apt

Richmond

City

CA

State

94703

Postal Code

Home:

Primary Phone

Community Clinic Consortium

Employer

Community Affairs Manager

Job Title

Occupation

#### Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

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☐ Yes ☒ No

#### Is a member of your family (or step-family) employed by Contra Costa Co.?

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☐ Yes ☒ No

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### Education History

Select the highest level of education you have received:

☒ Other

If "Other" was Selected Give Highest Grade or Educational Level Achieved

College/ University A

Name of College Attended

Course of Study / Major

Units Completed

Type of Units Completed

None Selected

Degree Awarded?

☐ Yes ☐ No

Degree Type

Date Degree Awarded

College/ University B

Name of College Attended

Course of Study / Major

Units Completed

Type of Units Completed

None Selected

Degree Awarded?

☐ Yes ☐ No

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Degree Type

---

Date Degree Awarded

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## College/ University C

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Name of College Attended

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Course of Study / Major

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Units Completed

### Type of Units Completed

None Selected

### Degree Awarded?

☐ Yes ☐ No

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Degree Type

---

Date Degree Awarded

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### Other schools / training completed:

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Course Studied

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Hours Completed

### Certificate Awarded?

☐ Yes ☐ No

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## Work History

Please provide information on your last three positions, including your current one if you are working.

### 1st (Most Recent)

\_\_\_\_\_  
Dates (Month, Day, Year) From - To

\_\_\_\_\_  
Hours per Week Worked?

**Volunteer Work?**

☐ Yes ☐ No

\_\_\_\_\_  
Position Title

**Employer's Name and Address**

**Duties Performed**

**2nd**

\_\_\_\_\_  
Dates (Month, Day, Year) From - To

\_\_\_\_\_  
Hours per Week Worked?

**Volunteer Work?**

☐ Yes ☐ No

\_\_\_\_\_  
Position Title

**Employer's Name and Address**

**Duties Performed**

**3rd**

\_\_\_\_\_  
Dates (Month, Day, Year) From - To

\_\_\_\_\_  
Hours per Week Worked?

## Volunteer Work?

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☐ Yes ☐ No

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Position Title

## Employer's Name and Address

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## Duties Performed

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Upload a Resume

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## Final Questions

### How did you learn about this vacancy?

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None Selected

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If "Other" was selected please explain

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

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☐ Yes ☐ No

If Yes, please identify the nature of the relationship:

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

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☐ Yes ☐ No

If Yes, please identify the nature of the relationship:

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### Please Agree with the Following Statement

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I understand that this form is a public document and is subject to the California Public Records Act.

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☐ I Agree