Application Form

Profile

Adriana	Bianca	Tafito		
First Name	Middle Initial	Last Name		
Home Address			Suite or Apt	
Antioch			CA State	94531
Primary Phone				
Email Address				
Which supervisorial dist	rict do vou live in	2		
		•		
None Selected				
Education				
Select the option that ap	plies to your high	school education	on *	
High School Dipoloma				
College/ University A				
Name of College Attende	d			
Degree Type / Course of	Study / Major			
Degree Awarded?				
⊖ Yes ⊙ No				
College/ University B				
Name of College Attende	ed			
	Ctudy / Maior			
Degree Type / Course of	Study / Major			

Degree Awarded?
© Yes ⊙ No
College/ University C
Name of College Attended
Los Medano
Degree Type / Course of Study / Major
Degree Awarded?
⊙ Yes ⊙ No
Other schools / training completed:
Course Studied
National Certified Clinical Hemodialysis Technician
Hours Completed
Greater than 1200
Certificate Awarded?
© Yes ○ No
Board and Interest

Board and Interest

Which Boards would you like to apply for?

Contra Costa County Fire Protection District - Advisory Fire Commission: 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, commitee, or commission.

With the current state of fire risk and my love for Contra Costa County, I would like to become more involved in the government side of fire protection

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 cummunity experience, including any advisory boards on which you have served.

Registered for Martinez Cert training

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

I have been a health care worker for 25 years and am a Native Contra Costa resident

Upload a Resume

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

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.

I Agree