## **Application Form**

Profile				
Aisha First Name	L Middle Initial	Banks Last Name		
Home Address			Suite or Apt	
Pittsburg City			CA State	94565 Postal Code
Primary Phone				
Email Address				
Which supervisorial district do	you live in?			
☑ District 5				
Education				
Select the option that applies to	your high	school education *		
College/ University A				
Name of College Attended				
University of San Francisco				
Degree Type / Course of Study	/ Major			
MSN/Nursing				
Degree Awarded?				
⊙ Yes ⊜ No				
College/ University B				
Name of College Attended				
Ashland University				

Aisha L Banks Page 1 of 4

Degree Type / Course of Study / Major
BSN/Nursing
Degree Awarded?
⊙ Yes ○ No
College/ University C
Name of College Attended
Degree Type / Course of Study / Major
Degree Awarded?
○ Yes ○ No
Other schools / training completed:
Course Studied
Hours Completed
Certificate Awarded?
○ Yes ○ No
Board and Interest
Which Boards would you like to apply for?
Mental Health Commission: Submitted Commission for Women: Submitted Regional Measure 3 Independent Oversight Committee: Submitted
Seat Name
Have you ever attended a meeting of the advisory board for which you are applying?
C Yes ⊙ No
If you have attended, how many meetings have you attended?

Aisha L Banks Page 2 of 4

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

As a nurse, wife, mother, woman of color, and a citizen of Contra Costa County, I feel that it is imperative for me to get involved in my community. By being an active board member on these boards (Mental Health Commission, Regional's Measure 3 Independent Oversight Committee, and Commission for Women), my background and expertise can help to provide sound fiduciary decision making while pursuing my passion of making a difference in the lives of my fellow citizens.

## **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.

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

Skilled, healthcare leader with a passion of making a difference possessing progressive experience in nursing and corporate leadership. Specific areas of expertise include: • Designing and leading complex projects involving stakeholders and obtaining agreement on project design, implementation and evaluation methodologies • Leading large scale organizational quality projects and strategic change initiatives • Leading peer group meetings and programs that interface with targeted areas of expertise • Using clinical licensure to improve care delivery and organizational performance and processes • Strong customer focus and leading teams through influence and collaboration

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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:

Aisha L Banks Page 3 of 4

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

Aisha L Banks Page 4 of 4