

Print Form

Print Form

Clerk of the Board of Supervisors

651 Pine St., Room 106

Martinez, CA 94553 or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

| First Name | | Last Name | | | | |
|--|---------------------|------------------------|------------------|-----------------|-----|--|
| Nicole | | Kozicki | | | | |
| Home Address - Street | City | | | Zip Code | | |
| | Moraga | | | 94556 | | |
| Phone (best number to reach you) | | Email | | | | |
| | | | | | | |
| Resident of Supervisorial District: | 2 | | | | | |
| EDUCATION Check appropria | te box if you posse | ess one of the follow | ing: | | | |
| High School Diploma | | ol Proficiency Certifi | - | G.E.D. Certific | ate | |
| Colleges or Universities Attended | Course of St | Course of Study/Major | | Degree Awarded | | |
| Cal State East Bay | | Criminal Justice | ■ Yes | | No | |
| | | | ☐ Yes | | No | |
| | N 31 | | ☐ Yes | | No | |
| Other Training Completed: | CA Peace Officer | Standard & Training A | cademy | | | |
| Board, Committee or Commission Nam | ne | Seat Name | | | | |
| Fish and Wildlife Committee | | At-Large or Altern | ate At-large | | | |
| Have you ever attended a meeting of 1 | he advisory board | for which you are | applying? | | | |
| □ No ■ | Yes If yes, h | ow many? | over 80 | | | |
| Please explain why you would like to s | one on this narti | cular board commi | ttoo or commiss | ion | | |
| | | | | | | |
| My interest with fish and wildlife i | | | | | | |
| many years. I feel my backgrour | | | | | ne | |
| committee. Since the money in t | | | om wardens ca | ises, I want to | | |
| make sure the grants are issued | tor appropriate | uses. | | | 1 | |
| | | | | | | |
| Describe your qualifications for this ap | - | E: you may also incli | ide a copy of | | | |
| your resume with this applie | cation) | | | | | |
| I have served as the At-large alte | rnate for the pa | ast two years. I v | vas a CA Fish | and Wildlife | | |
| Warden working in Contra Costa | | | | | | |
| the CCCFWC meetings each mo | | | | r's for my home | | |
| owners association for 10 years, | serving as pres | sident for 7 years | | | | |
| | | | | | | |
| | | | | | | |
| I am including my resume with this app | | | | | | |
| Please check one: | ☐ Yes | No | | | | |
| I would like to be considered for appoi | ntment to other a | dvisory bodies for | which I may be q | ualified. | | |
| Please check one: | ☐ Yes I | ■ No | | | | |

| Are you currently or have you ever been appointed to a Contra Costa County advisory board? |
|---|
| Please check one: |
| List any volunteer and community experience, including any boards on which you have served. |
| Miramonte Gardens HOA Board of Directors Golden Gate Angling and Casting Club Foundation Board of Directors Fish and Game Wardens Association Board of Directors |
| Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55) Please check one: |
| 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 relationships? Please check one: |
| 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 publicly accessible. I understand and agree that misstatements and/or ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County. Signed: Date: August 17, 2020 |
| Submit this application to: Clerk of the Board of Supervisors 651 Pine St., Room 106 Martinez, CA 94553 |
| Questions about this application? Contact the Clerk of the Board at (925) 335-1900 or by email at |

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Important Information

- 1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
- 2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
- 3. Members of certain 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.
- 4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
- 5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
- 6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
- 7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, granddaughter, granddaughter, granddaughter, granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.
- 8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.