



Contra Costa County

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AUG 10 2020
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

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, Pm. 108
Martinez, California 94553-1282
PLEASE TYPE OR PRINT IN INK
(Each Position Requires a Separate Application)

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

CCC Advisory Council on Aging
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

Member at Large
PRINT EXACT SEAT NAME (if applicable)

1. Name: Reed Penny Rae (Last Name, First Name, Middle Name)
2. Address: [Redacted] Richmond ca [Redacted] (No., Street, Apt., State, Zip Code)
3. Phones: [Redacted] (Home No., Work No., Cell No.)
4. Email Address: [Redacted]

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

High School Diploma G.E.D. Certificate California High School Proficiency Certificate

Give Highest Grade or Educational Level Achieved Master's Degree, MSW

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) San Francisco State Uni	Social Work	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	4		MSW	5/2004
B) San Diego State Uni	Social Work	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	4		BSW	5/1997
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed: LCSW	Course Studied: Clinical Therapy	Hours Completed: 3200			Certificate Awarded: Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	

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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) <u>From</u> <u>To</u> 4/2019 Present</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 2 4</p> <p>Hrs. per week <u>40</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Counseling Supervisor</p> <p>Employer's Name and Address Rossmoor Counseling Golden Rain Foundation 1001 Golden Rain Rd. Walnut Creek, Ca 94595</p>	<p>Duties Performed Hiring & Training new Clinicians & Staff Managing Budget Provide clinical consultation work in Liaison w/ Managerial Team, Senior Staff, GRF Board To enhance services to Senior Residents of Rossmoor.</p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> 10/2013 4/2018</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 4 6</p> <p>Hrs. per week <u>40</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Counselor / Social Worker</p> <p>Employer's Name and Address Rossmoor Counseling Golden Rain Foundation 1001 Golden Rain Rd. Walnut Creek, Ca 94595</p>	<p>Duties Performed Provide psychotherapy and support groups to residents of 55+ Community. Coordinate events and provide lectures to best serve the interests and needs of residents.</p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> 8/2012 10/2013</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 1 2</p> <p>Hrs. per week <u>40</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Program Director</p> <p>Employer's Name and Address Marin Day activity center STA Norcal 7 Mount Lassen Dr. #C128 San Rafael, Ca 94903</p>	<p>Duties Performed Supervise and create programming for adults with ID and severe behavioral issues. Manage Program Budget Provide clinical consultation/supervision.</p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> 1/2012 8/2012</p> <p>Total: <u>Yrs.</u> <u>Mos.</u> 0 8</p> <p>Hrs. per week <u>40</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Behavioral Health Specialist</p> <p>Employer's Name and Address Center for Elders' Independence 7200 Bancroft Ave. Oakland, Ca 94605</p>	<p>Duties Performed Provide supportive therapy and crisis intervention for seniors. Provide staff training & consultation to enhance services for seniors w/ mental health issues.</p>

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: _____

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

[Redacted Signature]

Date:

[Redacted Date]

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.