

Re: Deborah Card  
ALDA-MAL Applic

Print Form



Contra  
Costa  
County

Please return completed applications to:

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: Deborah Last Name: Card  
 Home Address - Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: 94565  
 Phone (best number to reach you): \_\_\_\_\_ Email: \_\_\_\_\_  
 Resident of Supervisorial District: 5

**EDUCATION** Check appropriate box if you possess one of the following:  
 High School Diploma  CA High School Proficiency Certificate  G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded
Michigan State University	Nursing	<input checked="" type="checkbox"/> Yes BSN <input type="checkbox"/> No
UC San Francisco	Nursing	<input checked="" type="checkbox"/> Yes MSN <input type="checkbox"/> No
Univ of San Francisco	Education	<input checked="" type="checkbox"/> Yes Ed.D. <input type="checkbox"/> No

Other Training Completed: Gerontology Certificate Cal State East Bay

Board, Committee or Commission Name: Advisory Council on Aging Seat Name: Member At Large

Have you ever attended a meeting of the advisory board for which you are applying?  
 No  Yes If yes, how many? Monthly 225 yrs

Please explain why you would like to serve on this particular board, committee, or commission.  
Serve as an advocate, a voice of support, for enhancing the quality of life for LCL's older adult residents, and persons with disabilities, through 1) an advisory role, 2) education of available services, 3) referral to essential resources, 4) consultation partnership with community based organizations.

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

- 42 yrs as a LCL Public Health Nurse, working closely with, providing direct care, and advocating for the health and well-being of our county's most vulnerable populations  
- 25 years as a member of the ALDA workgroups, in an advisory and volunteer role  
- 23 years as a Nursing Professor, teaching courses on Adult Development and Aging

I am including my resume with this application:  
 Please check one:  Yes  No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.  
 Please check one:  Yes  No

Re: Deborah Card  
ALOA - MAL Applic

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one:  Yes  No

List any volunteer and community experience, including any boards on which you have served.

CCC Advisory Council on Aging (Current member)	Bay Point Nutrition Site - Volunteer (Current)
CCC Information and Assistance Program (Volunteer)	Pittsburg Senior Center - Volunteer (Current)
Ombudsman Board of Directors (previous post)	East County Senior Coalition - prev post
CC Public Health Health Services Diversity Board (prev post)	

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:  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 relationships?

Please check one:  Yes  No

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 publicly accessible. I understand and agree 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.

Signed:

Date:

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 [ClerkofTheBoard@cob.cccounty.us](mailto:ClerkofTheBoard@cob.cccounty.us)

### 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, great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-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.