Application Form

Profile				
Many		Fott		
Mary irs Name	Middle ni ial	Las Name		
Home Address			Sui e or Ap	
A amo			CA Sae	Pos al Code
.,			040	. 65 4. 5565
Primary Phone				
f ottmary@gma .com				
mail Address				
Which supervisorial district do	you live in	?		
D str ct 2				
_				
Education				
Select the option that applies t	o your high	school education *		
☑ H gh Schoo D p oma				
College/ University A				
Name of College Attended				
Un vers ty of Mary and				
Degree Type / Course of Study	/ Major			
BA				
Degree Awarded?				
⊙ Yes ⊜ No				
College/ University B				
Name of College Attended				
Degree Type / Course of Study	/ Major			

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Degree Awarded?
C Yes C 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?
Fam y & Ch dren's Trust Comm ttee: Subm tted
Seat Name
Co-cha r
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?
I have served on the comm ttee for 4 years
Please explain why you would like to serve on this particular board, commitee, or commission.

I want to be nvo ved at the county eve n ch d abuse prevent on. I am we acquainted with the work of FACT and I be eve I have the background and sk is to be of value to the committee. I would ke to continue to serve the fam less and children of Contra Costa County through FACT.

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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 community experience, including any advisory boards on which you have served.
Newborn Connect on vo unteer post partum home v s tat on program - 12 years Ch d Abuse Prevent on Counc of Contra Costa County - 13 years FACT - 4 years
Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)
I was a vo unteer post partum home v s tor for Newborn Connect ons for many years. I a so managed the program for 4 years. I managed the home v s t ng program for the Ch d Abuse Prevent on Counc . I a so served as CAPC's Fund Deve opment D rector for 5 years.
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:

Qualifications and Volunteer Experience

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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

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