

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		Last Name				
Silvia		Young				
Home Address - Street	City		-	Zip Code		
	Danville			94526		
Phone (best number to reach you)	•	Email				
Resident of Supervisorial District:	yes					
EDUCATION Check appropriate be	ox if you possess	one of the following:				
High School Diploma	CA High School	Proficiency Certificate		G.E.D. C	ertific	ate
Colleges or Universities Attended	Course of Stud	ly/Major	Degr	ee Awarded		
CSU, Chico	Journalis	sm, Public Relations		Yes		No
				Yes		No
				Yes		No
Other Training Completed:						
Board, Committee or Commission Name		Seat Name				
Comission on Women		Commissioner				
Have you ever attended a meeting of the a	advisory board	or which you are applyi	ng?			
□ No ■ Ye	s If yes, how	v many?	3			
Please explain why you would like to serve	e on this particu	ılar board, committee, c	r com	mission.		
I would like to serve on the Commiss	sion for Wome	en because I am ded	licate	d to gender ed	uitv	
and an intersectional representation					. ,	
	_			•		
Describe your qualifications for this appoi	ntment. (NOTE:	vou mav also include a d	o vao:	f		
your resume with this application	· ·	,,	- [7			
Public relations, writing, public speal						
T abile relatione, writing, pablic opeal	wing					
I am including my resume with this applica	ation:					
Please check one:	Yes \square	No				
I would like to be considered for appointm	nent to other ad	visory bodies for which	I may	be qualified.		
Please check one:	Yes □	No				

Are you cu	urrently or have you ever been	appointed to	a Contra Costa Count	y advisory bo	ard?
	Please check one:	l Yes	■ No		
List any vo	olunteer and community experi	ence, includi	ing any boards on which	ch you have s	served.
Voluntee End the	elations Society of America er; American Cancer Societ Tampon Tax in CA Foundi ation for Women, Speaker;	y, Lead Vo	lunteer/PR; Familie g Committee memb	es FIrst, Con er; Californi	mmittee Lead/PR;
Do you ha	ve a familial relationship with a	a member of	the Board of Supervis	ors? (Please r	efer to
•	the relationships listed below		•	,	
	Please check one:] Yes	■ No		
	If Yes, please identify the natu	re of the rela	tionship:		
Do you ha	ve any financial relationships w	vith the coun	ity, such as grants, con	ntracts, or	
•	other economic relationships			-	
	Please check one:] Yes	■ No		
	If Yes, please identify the natu	re of the rela	tionship:		
I (FRIIFY 1	that the statements made by me	e in this annli	ication are true, compl	ete, and corre	ect to the best of my
knowledge application	that the statements made by mee and belief, and are made in go in is publicly accessible. I underst eiture of my rights to serve on a Silvia Young Submit this application to:	od faith. I ac tand and agre board, comi Clerk	knowledge and unders ee that misstatements mittee, or commission of the Board of Superv	tand that all i and/or ommi in Contra Cos Date:	nformation in this ssions of material fact may
knowledge application cause forfe	e and belief, and are made in go n is publicly accessible. I underst eiture of my rights to serve on a Silvia Young	od faith. I ac tand and agre board, com Clerk 651 P	knowledge and unders ee that misstatements mittee, or commission	tand that all i and/or ommi in Contra Cos Date:	nformation in this ssions of material fact may ta County.
knowledge application cause forfe Signed:	e and belief, and are made in go n is publicly accessible. I underst eiture of my rights to serve on a Silvia Young	od faith. I ac tand and agre board, com Clerk 651 P Marti	knowledge and unders ee that misstatements mittee, or commission of the Board of Superv ine St., Room 106 nez, CA 94553	tand that all i and/or ommi in Contra Cos Date: risors	nformation in this sions of material fact may ta County. Feb. 15, 2020
knowledge application cause forfe Signed:	e and belief, and are made in go in is publicly accessible. I underst eiture of my rights to serve on a Silvia Young Submit this application to:	od faith. I act tand and agre board, come Clerk 651 P Marti	knowledge and unders ee that misstatements mittee, or commission of the Board of Superv ine St., Room 106 nez, CA 94553	tand that all i and/or ommi in Contra Cos Date: risors	nformation in this sions of material fact may ta County. Feb. 15, 2020
knowledge application cause forfer. Signed:	e and belief, and are made in go in is publicly accessible. I underst eiture of my rights to serve on a Silvia Young Submit this application to: Questions about this application Co cation and any attachments you provide	od faith. I act and and agree board, coming the comments of the contact the co	knowledge and unders ee that misstatements mittee, or commission of the Board of Superv ine St., Room 106 nez, CA 94553 e Clerk of the Board at (ard@cob.cccounty.us eant Information	tand that all in and/or omminin Contra Cos Date: visors (925) 335-190	nformation in this ssions of material fact may ta County. Feb. 15, 2020
knowledge application cause forfer signed: 1. This applic Code §6250-	e and belief, and are made in go in is publicly accessible. I underst eiture of my rights to serve on a Silvia Young Submit this application to: Questions about this application Co cation and any attachments you provide	clerk 651 P Marti Contact the ClerkofTheBoo Import e to it is a public	knowledge and unders ee that misstatements mittee, or commission of the Board of Superv ine St., Room 106 nez, CA 94553 e Clerk of the Board at (ard@cob.cccounty.us eant Information edocument and is subject to	tand that all in and/or omminin Contra Cos Date: visors (925) 335-190 the California Po	nformation in this sions of material fact may ta County. Feb. 15, 2020 O or by email at ablic Records Act (CA Government
knowledge application cause forfer signed: 1. This applic Code §6250- 2. All members	e and belief, and are made in go in is publicly accessible. I underst eiture of my rights to serve on a Silvia Young Submit this application to: Questions about this application Contaction and any attachments you provide (6270).	Clerk 651 P Marti PlerkofTheBoo Import e to it is a public	knowledge and unders ee that misstatements mittee, or commission of the Board of Superv ine St., Room 106 nez, CA 94553 e Clerk of the Board at (ard@cob.cccounty.us cant Information c document and is subject to ry body training provided by the required to: 1) file a State	tand that all is and/or ommine Contra Cos Date: visors (925) 335-190 the California Poy Contra Costa Co	nformation in this sisions of material fact may ta County. Feb. 15, 2020 O or by email at a county. Dublic Records Act (CA Government punty.

- 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, greatgrandson, 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.