## **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

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Home Address - Street	City		Zip Co	de	
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w.				-	
Resident of Supervisorial District:	الح		(F12906 2 907 平		
EDUCATION Check appropria	te box if you posse	ess one of the following:			
High School Diploma		ol Proficiency Certificate	G.E	.D. Certific	ate
Colleges or Universities Attended	Course of St		Degree Awarded		
washington lenvices					No
websta unneigh			Yes		No
webster (Answerst		erontologu	Yes		No
Other Training Completed:					
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Board, Committee or Commission Nan	ne	Seat Name			
ACOA.		nemb	er at Lai	ac	
Have you ever attended a meeting of t	the advisory boar	d for which you are appl	ying?	•	
□ No	Yes If yes, h	ow many?	AST 201	9 725	20
Slease evalain why you would like to		Action Comments Visible		1100	-0
Please explain why you would like to s	'C	cular board, committee,	or commission.	12.25	
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Are you currently or have you ever been appointed to a Contra	/1001
Please check one: Yes 🗆 No	
List any volunteer and community experience, including any b	
planning committees for agi membership chanic Possus Esand of End	or Chrockers (Rossnoor)
Do you have a familial relationship with a member of the Boar	d of Supervisors? (Please refer to
the relationships listed below or Resolution no. 201	
Please check one:	[편집 - 마면()] [제 - 1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12]
If Yes, please identify the nature of the relationship	
Do you have any financial relationships with the county, such other economic relationships?	
Please check one:	A STATE OF THE STA
If Yes, please identify the nature of the relationship	
specification and the connections	
knowledge and belief, and are made in good faith. I acknowledge application is publicly accessible. I understand and agree that me cause forfeiture of my rights to serve on a board, committee, of Signed:	isstatements and/or ommissions of material fact may
Submit this application to: Clerk of the Bo	pard of Supervisors
651 Pine St., R	oom 106
Martinez, CA	94553
Questions about this application? Contact the Clerk of	
ClerkofTheBoard@cob	
1. This application and any attachments you provide to it is a public documen Code §6250-6270).	
2. All members of appointed bodies are required to take the advisory body tra	aining provided by Contra Costa County.
3. Members of certain boards, commissions, and committees may be required Form 700, and 2) complete the State Ethics Training Course as required by AB	
4. Meetings may be held in various locations and some locations may not be	accessible by public transportation.
<ol> <li>Meeting dates and times are subject to change and may occur up to two (2</li> <li>Some boards, committees, or commissions may assign members to subconcommitment of time.</li> </ol>	
7. As indicated in Board Resolution 2011/55, a person will not be eligible for a any of the following relationships: mother, father, son, daughter, brother, sist grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson	er, grandmother, grandfather, grandson, granddaughter, great-

mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's

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

granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.

Member.