

Please return completed applications to:

Clerk of the Board of Supervisors 1025 Escobar Street, 1st Floor

Martinez, CA 94553

or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name	Last Name				
Laura	Rodriguez				
Home Address - Street	City	1	Zip	Code	
]	1		
Phone (best number to reach you)	Email	_			
Resident of Supervisorial District:	yes				
EDUCATION Check appropriate t	ox if you possess one of the following:		-		
✓ High School Diploma	CA High School Proficiency Certificate		G	i.E.D. Certific	ate
Colleges or Universities Attended	Course of Study/Major	Deg	ree Award	ed	
Cal State University, East Bay	Ethnic Studies		Yes		No
San Jose State University	Master of Library and Information Sciences		Yes		No
			Yes		No
Other Training Completed:	nild development				
Board, Committee or Commission Name Local Planning and Advisory Council for Early Care and Education	Seat Name				
Have you ever attended a meeting of the	advisory board for which you are applyi	na2			
□ No ■ Ye		ng:			
	es if yes, now many?	1/2			
Please explain why you would like to serv	re on this particular board, committee, o	r cor	nmission.		
I work to serve the families of young	,	_			
professional development to childca	•				
increase an understanding of child	•		_		
increasing the early learning experie		Furt	her, I am	a parent o	of a
young child who lives and attends p	reschool in the county.				
Describe your qualifications for this appo	intment. (NOTE: you may also include a c	ору	of		
your resume with this applicat	on)				
I have been working with childcare	providers in Contra Costa for sever	al ve	ears. Lar	n	
knowledgeable about Contra Costa					
care. I am also knowledgeable abo	, ,				ert
at supporting children's developmen					
providers for many years.	,	,			
ľ					
I am including my resume with this applic	ation:				
	Yes				
		_			
I would like to be considered for appointr		ı may	y be qualifi	ed.	
Please check one:	Yes 🗆 No				

Are you currently or have you ever been appointed to a Contra Costa County advisory box Please check one:	ard?			
List any volunteer and community experience, including any boards on which you have s	erved.			
n/a				
Do you have a familial relationship with a member of the Board of Supervisors? (Please re	efer to			
the relationships listed below or Resolution no. 2011/55)				
Please check one:				
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:	ts for providing PD			
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 ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County. Signed: Laura Rodriguez Date: 7/12/21				
Submit this application to: ClerkofTheBoard@cob.cccounty.us OR Clerk of the Board of Sup 1025 Escobar Street, 1st				

Questions about this application? Contact the Clerk of the Board at (925) 655-2000 or by email at 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, greatgrandfather, 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.



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BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name	Last Name						
Hannah	Michaelsen						
Home Address - Street C	Zip Code						
Phone (best number to reach you)	Email						
Resident of Supervisorial District:							
	u possess one of the following: n School Proficiency Certificate G.E.D. Certificate						
	e of Study/Major Degree Awarded						
	Dolitical science & Yes \(\sigma\) No						
	er of Public Administration of Yes DNO						
	☐ Yes ☐ No						
Other Training Completed:							
Board, Committee or Commission Name	Seat Name						
Wealplanning of Advisory Council for ECE	Community Rep or Discretionary Appointment						
Have you ever attended a meeting of the advisory							
No □ Yes If	yes, how many?						
Please explain why you would like to serve on thi	is particular board, committee, or commission.						
A representative tion the agency, Care parent Network, has long participated on this winnings in. It is important for the needs of families a children with special needs to be considered in the jurisdiction of the commission.							
Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)							
I am the program Director of Care for with special needs. I am also the pare Last year, Care served over 1500 tan	darent Nebworle, serving families of children ent of an adult son, who has autism nives whose kids are use 5 or younger.						
I am including my resume with this application:							
Please check one:	™ No						
I would like to be considered for appointment to Please check one:	other advisory bodies for which I may be qualified. No						

Are you currently or have you ever been appointed to a Contra Costa County advisory bo	ard?
Please check one: 🔲 Yes 💆 No	
List any volunteer and community experience, including any boards on which you have	erved.
Parent Mentor, Care parent Nætworle Interagency Coordination Council Self Determination Advisory Committee RCEP	
Do you have a familial relationship with a member of the Board of Supervisors? (Please r	efer to
the relationships listed below or Resolution no., 2011/55)	8
Please check one:	
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: 74- Yes No	m i b Circ
If Yes, please identify the nature of the relationship:	receives the fact grant
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6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional

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BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

		Last Name				
John		Moon				
Home Address - Street	City			Zip Co	de	
Phone (best number to reach you)		Email				
Resident of Supervisorial District:	1					
EDUCATION Check appropria	<u>te b</u> ox if you posse	ss one of the following:				
High School Diploma	CA High Schoo	l Proficiency Certificate		√ G.E	.D. Certific	ate
Colleges or Universities Attended	Course of Stu	ıdy/Major	Deg	ree Awarde	1	
Frostburg State University		nood/Elementary Education		Yes		No
Johns Hopkins University				Yes		No
George Mason University	Educational L	eadership and Administration	18	Yes		No
Other Training Completed:	California Preschool	Instructional Network Certified	nstruc	tor		
Board, Committee or Commission Nan	ne	Seat Name				
Local Planning and Advisory Council for Early Care an		Public Agency				
Have you ever attended a meeting of t			ing?			
•		ow many?				
Please explain why you would like to s		•				
	ama a a blaia ii ii whi.			iccion		
I am the current coordinator for the California	Preschool Instructio	nal Network (CPIN) at the CC	COE	ocated in Cent		
I am the current coordinator for the California County. I would like to serve on the Local Co	a Preschool Instructio	nal Network (CPIN) at the CC ocal Planning and Advisory C	COE I	located in Cent for Early Care	and Educati	on
I am the current coordinator for the California County. I would like to serve on the Local Co so that I can be an engaged community mem learning community within Contra Costa Cou	a Preschool Instructio ontra Costa County L onber that will help me inty; Improve commu	nal Network (CPIN) at the CC ocal Planning and Advisory C Provide insight on how I car nity partnerships with CPIN ar	COE I ouncil best nd Cor	ocated in Cent for Early Care meet the need htra Costa Cou	and Educati s of the earl nty; Glean	on y
I am the current coordinator for the California County. I would like to serve on the Local Coso that I can be an engaged community mem learning community within Contra Costa Couknowledge about the particular needs of the	a Preschool Instruction ontra Costa County Londer that will help me inty; Improve communicative learning communicative terming communicative terminal t	nal Network (CPIN) at the CC ocal Planning and Advisory C Provide insight on how I car only partnerships with CPIN ar unities within Contra Costa Co	COE I ouncil best nd Cor	ocated in Cent for Early Care meet the need htra Costa Cou	and Educati s of the earl nty; Glean	on y
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Are you c	urrently or have you ever b	een appointed	to a Contra Cos	ta County advis	ory boar	d?	
	Please check one:	☐ Yes	■ No				
List any vo	olunteer and community e	xperience, inclu	iding any boards	on which you	have ser	ved.	
Do you ha	ve a familial relationship v	vith a member	of the Board of	Supervisors? (P	lease refe	er to	
	the relationships listed b						
aranet	Please check one:	☐ Yes	, 🗏 No				
	If Yes, please identify the	nature of the re	elationship:				
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	other economic relations	hips?					
	Please check one:	☐ Yes	■ No				
	If Yes, please identify the	nature of the re	elationship:				
knowledge application	that the statements made I e and belief, and are made n is publicly accessible. I un eiture of my rights to serve	in good faith. I a derstand and ag	acknowledge and gree that missta	d understand the tements and/or	at all info ommissi	ormation in this ons of material fa	
Signed:	John M. Mo	on			Date:	July 30, 20	021
Submit thi	is application to: ClerkofTh		10	erk of the Boar 025 Escobar Stra lartinez, CA 945	eet, 1st F		
(Questions about this applice		he Clerk of the B		55-2000 d	or by email at	

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