

For Office Use Only Date Received:

For Reviewers Use Only: Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO: Contra Costa County

651 Pine Street, Rm. 106 Martinez, California 94553-1292 PLEASE TYPE OR PRINT IN INK (Each Position Requires a Separate	Application)						
BOARD, COMMITTEE OR COMMISSION NA		U ARE APPLY	ING FOR:				
MANAGED CARE COMMISSIO	N						
PRINT EXACT NAME OF BOARD, COMMITT	EE, OR COMMISSION		PRINT EXA	ACT SEAT NAME (if applicable)		
1. Name: Frederick		Susai	n		Jan	e	
(Last Name)		(First N	(First Name) (Middle Name)				
2. Address:		Richm	ond	Ca.		94803	3
(No.)	(Street)	(A	.pt.)	(State)		(Zip Code)
3. Phones	N/A						
(Home No.)	(Work	No.)	(Cel	l No.)			
4. Email Address:							
5. EDUCATION: Check appropring the G.E.D. Give Highest Grade or Education	Certificate Ca	alifornia H	igh School Prof		ficate		
Names of colleges / universities attended	Course of Stud	ly / Major	Degree Awarded	Units Cor	npleted	Degree Type	Date Degree Awarded
				Semester	Quarter		
A) Contra Costa Community Colleg			Yes No 🗵			AA	1976
B) New York State University	Nursin		Yes No ×			BSN	1985
C) St. Mary's College	Health Service		Yes No 🗵			MSHSA	1988
D) Other schools / training completed:	Course Stu	raiea	Hours Cor	mpleted	Ce	rtificate Awa	

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

A) Dates (Month, Day, Year)	Title	Duties Performed		
From To	Nurse Program Manager	Managed Critical Care Unit Intermediate Care Unit		
1991 May 2001 Total: <u>Yrs.</u> <u>Mos.</u>	Employer's Name and Address Contra Costa Regional Medical Center	- (for several years) Surgical Unit		
10	2500 Alhambra Ave. Martinez, Ca			
Hrs. per week 40+ . Volunteer				
B) Dates (Month, Day, Year)	Title	Duties Performed		
From To		Nursing Care		
1976 1991	Registered Nurse	Evening Nurse Supervisor Head Nurse Medical Unit		
	Employer's Name and Address	Head Nurse Surgical Unit		
Total: <u>Yrs.</u> <u>Mos.</u>	Veterans Administration Hospital Muir Road	Head Nurse Intensive Care Unit		
15	Martinez, C			
Hrs. per week 40+ . Volunteer				
C) Dates (Month, Day, Year)	Title	Duties Performed		
From To 2012 Present	Advisory Council on Aging	Past President Chair Health Work Group		
Total: <u>Yrs.</u> <u>Mos.</u>	Employer's Name and Address Contact Person Senior Staff Assistant Anthony Macias	Member of Planning Committee Executive Committee Membership Committee		
Hrs. per week varies . Volunteer	amacias@ehsd.cccounty.us			
D) Dates (Month, Day, Year)	Title	Duties Performed		
From To		Church volunteer at Nursing Home and in Chaplain Service at Doctor's		
	Employer's Name and Address	Hospital, San Pablo		
Total: <u>Yrs. Mos.</u> Hrs. per week . Volunteer		Volunteer Hula Dance Group through Hercules Senior Center entertained at various Nursing homes in Pinole and Berkely and other Senior events in Berkeley,		
		San Pablo and Concord		

7. How did you learn about this vacancy?
☐CCC Homepage ☐Walk-In ☐Newspaper Advertisement ☐District Supervisor ☐Other
8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No Yes
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 publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.
Sign Name: April 22, 2021
Important Information

- 1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
- 2. Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.
- 3. A résumé or other relevant information may be submitted with this application.
- 4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
- 5. Members of 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.
- 6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
- 7. Meeting dates and times are subject to change and may occur up to two days per month.
- 8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution no. 2011/55 on 2/08/2011 as follows:

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INCLIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism; NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: 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:
- 1. Mother, father, son, and daughter;
- 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
- 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
- 4. First cousin:
- 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
- 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
- 7. Registered domestic partner, pursuant to California Family Code section 297.
- 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
- 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

Hello Helen,

I'm surprised that this application did not come through. It is the same Application I have filled out for the Advisory Council On Aging several times without problem. Nevertheless, computers will be computers.

Susan