

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				
Michael		Wener	FG 1			
Home Address - Street	City		4 3 3		Zip Code	
	Walnut Creek				94595	
Phone (best number to reach you)		Email				
Resident of Supervisorial District:						
EDUCATION Check appropriate	e hox if you nosse	ess one of the follow	ina:			
High School Diploma		of Proficiency Certifi	_	Г	G.E.D. Certific	
Colleges or Universities Attended						ate
Riverside College	Course of Study/Major Pre Med		Deg	Degree Awarded		
University of California-Berkeley				Yes		No
California College of Podiatric Medicine		Optometry School		Yes		No
		Podiatric Surgery		Yes	<u> </u>	No
Other Training Completed:	American Red Cro	SS		_55		
Board, Committee or Commission Nam	e	Seat Name				
Please explain why you would like to se I've been working with seniors sin seventeen years. I have a passion times need direction, an available	ce my retirement to assist sen	ent in 2000 as a viors because the	Volunteer y have an	Omb	udsman for wisdom and	at
Describe your qualifications for this applic your resume with this applic Was a practicing Podiatric Surgeon in San Francisco for thirty two y Volunteer Certified Ombudsman 2000-2017; Eider abuse expert, Victim Assistance program—Contra Costa Distri (Contra Costa Health); Docent—Dakland Zoo specializing tours to the elderly or disabled. SAVES Volunteer Contra Costa County Sheriff. American Red Cross disaster and health section; Consultant Contra Costa Bar Association	ation) years and on many hospitels	taff boards;			onal Assessment Service Tea	am
I am including my resume with this app		Π No.				
I am including my resume with this app Please check one: I would like to be considered for appoir	■ Yes	□ No				***

Are you currently or have you ever been appointed to a Contra Costa County advisory board? Please check one:
The state of the s
Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)
Please check one: Yes X 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 relationships? Please check one:
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: Date: 5/7/2021
Submit this application to: Clerkort neBoard@cob.cccounty.us OR Clerk of the Board of Supervisors 1025 Escobar Street, 1st Floor Martinez, CA 94553
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.