

Print Form



Contra
Costa
County

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: Jil
 Last Name: Kleiner
 Home Address - Street: [Redacted]
 City: Moraga
 Zip Code: 94558
 Phone (best number to reach you): [Redacted]
 Email: [Redacted]
 Resident of Supervisorial District: 2

EDUCATION Check appropriate box if you possess one of the following:
 High School Diploma
 CA High School Proficiency Certificate
 G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded	
University of California, Berkeley	Statistics	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Training Completed: [Redacted]

Board, Committee or Commission Name: Advisory Council on Aging
 Seat Name: Member at Large

Have you ever attended a meeting of the advisory board for which you are applying?
 No Yes If yes, how many? Monthly meetings since June 2018

Please explain why you would like to serve on this particular board, committee, or commission.
 Having become a member at large of the ACOA in December 2018, I look forward to renewing my membership. I'm currently very involved by being a part of the Technology work group, Elder Abuse work group, Planning Committee and recently took over Membership Chair and am VP for ACOA.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)
 In January 2018, I retired from a 30+ year career as a Retirement Plan consultant at Willis Towers Watson advising Fortune 500 companies as well as volunteering for 20+ years for the Western Pension and Benefits Council, including being president of their governing board of 11 chapters.

I am including my resume with this application:
 Please check one: Yes No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.
 Please check one: Yes No

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: Yes No

List any volunteer and community experience, including any boards on which you have served.

Contra Costa County Advisory Council on Aging

Western Pension & Benefits Council - San Francisco Chapter and Governing Board

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 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: Yes No

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 publicly accessible. I understand and agree that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed:

Jim Kleiner

Date: 09/04/21

Submit this application to: ClerkofTheBoard@cob.cccounty.us OR Clerk of the Board of Supervisors
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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, great-grandfather, 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.

THIS FORM IS A PUBLIC DOCUMENT