

#### 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			Zip	Code	
PRIVATOR AVE. SUIT SELECTION	(Anthous					
Phone (best number to reach you)		Email	•	-		
(2h 292 1/150)		gund girling materands on	D			
Resident of Supervisorial District:	yes					
EDUCATION Check appropriate	<u>b</u> ox if you posses	ss one of the following:				
✓ High School Diploma		Proficiency Certificate			G.E.D. Certific	ate
Colleges or Universities Attended	Course of Stu	dy/Major	Deg	ree Awar	ded	
Cal State University, East Bay		Ethnic Studies		Yes		No
San Jose State University	Master of Libra	ry and Information Sciences		Yes		No
				Yes		No
Other Training Completed:	Child development					
		Seat Name				
Board, Committee or Commission Name Local Planning and Advisory Council for Early Care and Education	-	Seat Name				
Have you ever attended a meeting of th	 e advisory hoard	for which you are applyi	ng?			
□ No ■		w many?	1			
	,					
Please explain why you would like to se						
I work to serve the families of your	_		-			
professional development to child increase an understanding of child	•	•				f
increase an understanding of child increasing the early learning expe	•			_		
young child who lives and attends			ı uı	uici, i aii	n a parent o	па
Describe your qualifications for this app	•	: you may also include a c	ору	of		
your resume with this applica						
I have been working with childcare	•					
knowledgeable about Contra Cost	, .	-				
care. I am also knowledgeable about children's development and early learning. I am an expert						
at supporting children's development, and have been providing training for families and child care						
providers for many years.						
I am including my resume with this appl	lication:					
Please check one:	Yes [	] No				
I would like to be considered for appointment to 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 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 refer 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.



# 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

Plant Name		Last Name			
First Name		Michaelsen			
Home Address - Street	City	IVII OVICE L'SEVI		Zip Code	
nome Address - Street	City		Ĭ		
Phone (best number to reach you)	7	Email	1		
A Company of the Comp			FIRM	STIND OF THE	
Resident of Supervisorial District:	3		-	V	
EDUCATION Check appropriat	e box if you poss	ess one of the following:			
High School Diploma	CA High Scho	ol Proficiency Certificate		G.E.D. Certific	ate
Colleges or Universities Attended	Course of St	udy/Major	Degree	e Awarded	
Brisham Unine University	BA-Dolit	ical science.	X Y	es 🗆	No
7, 70	Nuster of	Public Administration		es 🗆	No
			1 Y	es 🗆	No
Other Training Completed:					
<b>Board, Committee or Commission Nam</b>	е	Seat Name			
Weal Harring of Advisory Chuncil for	ECE	Community Rep or R	discretion	onary Appointmen	nt
Have you ever attended a meeting of the	ne advisory boar	d for which you are applyi	ng?		
7 <b>≱</b> No □	Yes If yes, h	now many?			$oldsymbol{\bot}$
Please explain why you would like to se	erve on this part	icular board, committee, o	r comm	nission.	
A representative tion the agency, Care parent Network, has long participated on this commission. 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 with special needs. I am also was year, Care served over	Care parent The parent 1500 taunities	nt Nebworle, serving f of an adult son, w whose kids are uge	annilie ho ha 501-1	es of childran s autism Jounger	
I am including my resume with this app		EN .			
Please check one:	☐ Yes	No			
I would like to be considered for appoint Please check one:	ntment to other  Yes	advisory bodies for which No	i may b	e qualified.	

Are you currently or have you ever been appointed to a Contra Costa County advisory board?
Please check one:
List any volunteer and community experience, including any boards on which you have served.
Parent Mentor, Care Parent Nietworke Interagency Coordination Council Self Determination Adukory Committee RCEPS
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:
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:
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 ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.  Signed:  Date:  Date:  Submit this application to: ClerkofTheBoard@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.
<ol> <li>Meeting dates and times are subject to change and may occur up to two (2) days per month.</li> <li>Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.</li> </ol>
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

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.

any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-granddaughter, 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.



#### 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				
John	Moon				
Home Address - Street	City	Zip Code			
Marketon Da					
Phone (best number to reach you)	Email				
Resident of Supervisorial District:	1				
EDUCATION Check appropriate b	ox 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			
Frostburg State University	Early Childhood/Elementary Education	■ Yes □ N			
Johns Hopkins University	Instructional Technology for Educators	Yes 🗆 N			
George Mason University	Educational Leadership and Administration	Yes 🗆 N			
Other Training Completed: Ca	lifornia Preschool Instructional Network Certified	Instructor			
Board, Committee or Commission Name	Seat Name				
Local Planning and Advisory Council for Early Care and Ed	ucation Public Agency				
Have you ever attended a meeting of the	advisory board for which you are apply	ing?			
■ No □ Ye	s If yes, how many?				
Please explain why you would like to serv	e on this particular board, committee, o	or commission.			
I am the current coordinator for the California Pre County. I would like to serve on the Local Contra so that I can be an engaged community member learning community within Contra Costa County; knowledge about the particular needs of the early system for the broader early learning network with	a Costa County Local Planning and Advisory C that will help me: Provide insight on how I car Improve community partnerships with CPIN ar I learning communities within Contra Costa Co	ouncil for Early Care and Education best meet the needs of the early and Contra Costa County; Glean			
Describe your qualifications for this appoi	, , ,	сору of			
As the current coordinator for CPIN, I bring a unique skill set and early learning knowledge to the LPC. Not only am I an experienced, credentialed early childhood teacher and administrator, I have served the early learning field for 25 years. In my current role as the Bay Region 4 CPIN Coordinator, I serve as a direct arm of the California Department of Education disseminating high quality developmentally appropriate training using CDE early learning documents and related materials to preschool teachers across the 7 Bay Area Counties of: Contra Costa, Alameda, Napa, Solano, Marin, San Mateo and San Francisco.					
I am including my resume with this application Please check one:	ation: Yes <b>I</b> No				
I would like to be considered for appointn  Please check one:	nent to other advisory bodies for which Yes No	I may be qualified.			

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:				
Do you ha	ve any financial relationsh	ips with the co	unty, such as gra	ants, contracts,	or		
	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	

#### 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.