



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: Laura, Last Name: Rodriguez, Home Address - Street, City, Zip Code, Phone, Email, Resident of Supervisorial District: yes

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

Table with 3 columns: Colleges or Universities Attended, Course of Study/Major, Degree Awarded. Rows include Cal State University, East Bay and San Jose State University.

Other Training Completed: Child 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 applying? [] No, [X] Yes, If yes, how many? 1

Please explain why you would like to serve on this particular board, committee, or commission. I work to serve the families of young children in the county by providing resources and professional development to childcare providers and early childhood educators.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application) I have been working with childcare providers in Contra Costa for several years. I am knowledgeable about Contra Costa's young children and the ecosystems that make up their care.

I am including my resume with this application: Please check one: [X] Yes, [] No

I would like to be considered for appointment to other advisory bodies for which I may be qualified. Please check one: [X] 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.

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: 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: Laura Rodriguez Date: 7/12/21

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.
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.



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BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name: Hannah Last Name: Michaelson

Home Address - Street: [Redacted] City: [Redacted] Zip Code: [Redacted]

Phone (best number to reach you): [Redacted] Email: [Redacted]

Resident of Supervisorial District: 3

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	
Brigham Young University	BA - Political science	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
"	Master of Public Administration	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Training Completed: [Redacted]

Board, Committee or Commission Name: Local planning & Advisory Council for ECE Seat Name: Community Rep or Discretionary Appointment

Have you ever attended a meeting of the advisory board for which you are applying?

No Yes If yes, how many? [Redacted]

Please explain why you would like to serve on this particular board, committee, or commission.

A representative from the agency, Care Parent Network, has long participated on this commission. It is important for the needs of families & 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 Parent Network, serving families of children with special needs. I am also the parent of an adult son, who has autism. Last year, Care served over 1500 families whose kids are age 5 or younger.

I am including my resume with this application:

Please check one: Yes No

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Please check one: Yes No

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Please check one: Yes No

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

parent Mentor, Care Parent Network
Interagency Coordination Council
Self-Determination Advisory Committee RCEB

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:

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Please check one: Yes No

If Yes, please identify the nature of the relationship:

Care receives the FACT grant

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:

Hannah Mukach

Date:

7/12/21

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BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name: John, Last Name: Moon, Home Address - Street, City, Zip Code, Phone, Email, Resident of Supervisorial District: 1

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

Table with 3 columns: Colleges or Universities Attended, Course of Study/Major, Degree Awarded. Rows include Frostburg State University, Johns Hopkins University, and George Mason University.

Other Training Completed: California Preschool Instructional Network Certified Instructor

Board, Committee or Commission Name: Local Planning and Advisory Council for Early Care and Education, Seat Name: Public Agency

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

Please explain why you would like to serve on this particular board, committee, or commission. I am the current coordinator for the California Preschool Instructional Network (CPIN) at the CCCOE located in Central Contra Costa County...

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

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.

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

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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: John M. Moon Date: July 30, 2021

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