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 Michael

Last Name Wener

Home Address - Street [redacted]

City Walnut Creek

Zip Code 94595

Phone (best number to reach you) [redacted]

Email [redacted]

Resident of Supervisorial District:

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
Riverside College	Pre Med	■ Yes ☐ No
University of California-Berkeley	Optometry School	☐ Yes ■ No
California College of Podiatric Medicine	Podiatric Surgery	■ Yes ☐ No

Other Training Completed: American Red Cross

Board, Committee or Commission Name

Seat Name

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've been working with seniors since my retirement in 2000 as a Volunteer Ombudsman for seventeen years. I have a passion to assist seniors because they have amazing wisdom and at times need direction, an available ear, and appreciate the help. It's been very fulfilling.

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

Was a practicing Podiatric Surgeon in San Francisco for thirty two years and on many hospital staff boards;
Volunteer Certified Ombudsman 2000-2017;
Elder abuse expert, Victim Assistance program- Contra Costa Distric Attorney (S.A.V.E.S. program); Founder Elder Advocate Club-Rossmoor, Certified Functional Assessment Service Team (Contra Costa Health);
Docent-Oakland 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

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.

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 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: ClerkofTheBoard@cob.cccounty.us **OR** Clerk of the Board of Supervisors
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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.