



# 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	Last Name	
<input type="text"/>	<input type="text"/>	
Home Address - Street	City	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (best number to reach you)	Email	
<input type="text"/>	<input type="text"/>	
Resident of Supervisorial District (if out of County, please enter N/A): <input type="text"/>		
Do you work in Contra Costa County?    Yes    No    If Yes, what District do you work in? <input type="text"/>		

### 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	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Training Completed:

Board, Committee, or Commission Name	Seat Name
<input type="text"/>	<input type="text"/>

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

Please check one:    ☐ Yes    ☐ No    If Yes, how many?

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

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

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

If Yes, please list the Contra Costa County advisory board(s) on which you are **currently** serving:

If Yes, please list the Contra Costa County advisory board(s) on which you have **previously** served:

**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 omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

**Signed:**

\_\_\_\_\_

**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.
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.