

Application Form

Profile

Frank **E.** **Jones**
First Name Middle Initial Last Name

Home Address Suite or Apt
concord **CA** **94520**
City State Postal Code

Primary Phone _____

Email Address _____

[District Locator Tool](#)

Resident of Supervisorial District:

None Selected

Sutter Delta Medical Center **physical therapist**
Employer Job Title

Length of Employment

10 years

Do you work in Contra Costa County?

Yes No

If Yes, in which District do you work?

How long have you lived or worked in Contra Costa County?

36 years

Are you a veteran of the U.S. Armed Forces?

Yes No

Board and Interest

Which Boards would you like to apply for?

Los Medanos Health Advisory Committee: Submitted

Seat Name

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

Yes No

If Yes, how many meetings have you attended?

Education

Select the option that applies to your high school education *

High School Diploma

College/ University A

Name of College Attended

CSULB

Degree Type / Course of Study / Major

bachelors of science physical therapy

Degree Awarded?

Yes No

College/ University B

Name of College Attended

DVC

Degree Type / Course of Study / Major

AA

Degree Awarded?

Yes No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

Yes No

Other Trainings & Occupational Licenses

Other Training A

Certificate Awarded for Training?

Yes No

Other Training B

Certificate Awarded for Training?

Yes No

Occupational Licenses Completed:

California physical therapist license

Qualifications and Volunteer Experience

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

I was involved in a similar program, briefly, while working for Los Medanos hospital. We provided programs to get the community involved in exercise and health programs. My role at the time was developing group exercise programs on a small scale at local parks and facilities that the community could attend. I am interested in finding if I can offer some input to developing community health programs

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

I have been a physical therapist for 36 years for Mt Diablo, John Muir, Los Medanos and Sutter Antioch hospitals. I have been involved in cardiac and pulmonary rehab, balance and fall prevention, and sports medicine programs as well as providing treatment programs for geriatric, orthopedic and neuro populations

[Upload a Resume](#)

Would you like to be considered for appointment to other advisory bodies for which you may be qualified?

Yes No

Do you have any obligations that might affect your attendance at scheduled meetings?

Yes No

If Yes, please explain:

I still work full time so I am limited during regular working hours

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

Yes No

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

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

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

Conflict of Interest and Certification

Do you have a familial or financial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed under the "Important Information" section below or Resolution No. 2021/234)

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?

Yes No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

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 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.

I Agree

Frank E. Jones

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 2021/234, 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:
 - (1) Mother, father, son, and daughter;
 - (2) Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 - (3) Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 - (4) Registered domestic partner, pursuant to California Family Code section 297;
 - (5) The relatives, as defined in 1 and 2 above, for a registered domestic partner;
 - (6) Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.