## **Application Form**

Profile		
Mark Howard First Name Middle Initial Last Name		
tome Address	Suite or Apt	
Brentwood	CA State	94513 Postal Code
Mobile:		
Email Address		
District Locator Tool		
Resident of Supervisorial District:		
District 3		
Self employed Mark Howard PhD Psychologist  Employer Job Title	-	
Length of Employment		
40 years		
Do you work in Contra Costa County?		
C Yes		
If Yes, in which District do you work?		
District 3	L.	
How long have you lived or worked in Contra Costa County?		
2.5 months		
Are you a veteran of the U.S. Armed Forces?		
€ Yes € No		
Board and Interest		
Which Boards would you like to apply for?		
Alcohol and Other Drugs Advisory Board: Submitted		11

Mark Howard

Seat Name	
commission	
Have you ever attended a meeting of the advisory board for which you are applyir	ıg?
ຕ Yes ເ No	
f Yes, how many meetings have you attended?	
one	
Education	
Select the option that applies to your high school education *	
High School Diploma	
College/ University A	
Name of College Attended	
University of Manitoba	
Degree Type / Course of Study / Major	
PhD/ Clinical Psychology	
Degree Awarded?	
€ Yes € No	
College/ University B	
Name of College Attended	
California State University, Fresno	
Degree Type / Course of Study / Major	
MA/Psychology	
Degree Awarded?	
€ Yes € No	
College/ University C	
Name of College Attended	
University of San Francisco	

Degree Type / Course of Study / Major
BA/psychology
Degree Awarded?
r Yes r No
Other Trainings & Occupational Licenses
Other Training A
Langley Porter Institute, University of California, San Francisco
Certificate Awarded for Training?
e Yes e No
Other Training B
Certificate Awarded for Training?
c Yes c No
Occupational Licenses Completed:
California Psychologist License since 1980
Qualifications and Volunteer Experience
Please explain why you would like to serve on this particular board, committee, or commission.
I want to support our community in terms of offering through the Alcohol and Other Drugs Advisory Board ways to address and reduce alcohol and drug abuse and addiction.
Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)
I was the director of the Chemical Dependency Services at Kaiser Permanente Medical Center, Redwood City. I was a consultant to the Department of Alcohol and Drug Services, Santa Clara County.
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 oblig	ations that might affect your attendance at scheduled meetings?
∩ Yes ⓒ No	
If Yes, please explain:	
Are you currently or haboard?	ave you ever been appointed to a Contra Costa County advisory
C Yes © No	
If Yes, please list the C serving:	Contra Costa County advisory board(s) on which you are currently
If Yes, please also list previously served:	the Contra Costa County advisory board(s) on which you have
	ommunity experience, including any advisory boards on which you
have served.	
Conflict of Interest ar Do you have a familial (Please refer to the rel	or financial relationship with a member of the Board of Supervisors?
Conflict of Interest ar	or financial relationship with a member of the Board of Supervisors?
Conflict of Interest ar  Do you have a familial (Please refer to the releasolution No. 2021/23	or financial relationship with a member of the Board of Supervisors?
Conflict of Interest ar  Do you have a familial (Please refer to the rel Resolution No. 2021/2;  C Yes © No  If Yes, please identify	or financial relationship with a member of the Board of Supervisors? ationships listed under the "Important Information" section below or 34)  the nature of the relationship:  cial relationships with the County such as grants, contracts, or other
Conflict of Interest ar  Do you have a familial (Please refer to the releasolution No. 2021/23)  C Yes © No  If Yes, please identify to the please refer to the releasolution No. 2021/23	or financial relationship with a member of the Board of Supervisors? ationships listed under the "Important Information" section below or 34)  the nature of the relationship:  cial relationships with the County such as grants, contracts, or other

## 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 undersand 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

## Important Information

- 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.