**Print Form** 



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

Jacqueline		Middle Initial	Smith		
Home Address - Street				State	Postal Code
Hollie Address - Street	1	City		CA	T OSCUT COUC
Primary Phone (best number to r	each you)	Email Address			
Resident of Supervisorial District	(if out of Cou	nty, please enter N/A	): Yes	District Loca	tor Tool
Do you work in Contra Costa Cou	nty? 🗹 Yes	☐ No If Yes, in v	vhich District do	you work?	1
Current Employer		Job Title			of Employment
Family and Community Partnershi	ps Co	Family and Commi	unity Partnership	os Co 11 ye	ears
How long have you lived or work		Costa County? 30 yea			
Board, Committee, or Commission	n		Seat Name	Provider -	Cantral
Local Planning Committee			,		Central
Have you ever attended a meeting	ng of the advi	/		ng?	
Pease check one:	Yes	☑No If Y	es, how many?		
	sess one of th	ne followina:			
		ne following: gh School Proficiency	Certificate	□с	.E.D. Certificate
Check appropriate box if you poss  High School Diploma  Colleges or Universities Attended	CA Hig	sh School Proficiency egree Type/ Course of	f Study/Major	Degree Awa	rded
Check appropriate box if you poss  High School Diploma	CA Hig	gh School Proficiency	f Study/Major	Degree Awa	nrded No
Check appropriate box if you poss  High School Diploma  Colleges or Universities Attended	CA Hig	sh School Proficiency egree Type/ Course of	f Study/Major	Degree Awa	No No
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Check appropriate box if you poss  High School Diploma  Colleges or Universities Attended  Cal State East Bay	d De	sh School Proficiency egree Type/ Course of	f Study/Major	Degree Awa	nrded  ☐ No ☐ No ☐ No
Check appropriate box if you poss  High School Diploma  Colleges or Universities Attended  Cal State East Bay  Occupational Licenses Completed	☐ CA Hig	sh School Proficiency egree Type/ Course of	f Study/Major	Degree Awa	nrded ☐ No ☐ No ☐ No ☐ No
Check appropriate box if you poss  High School Diploma  Colleges or Universities Attended  Cal State East Bay	d De	ch School Proficiency  egree Type/ Course of  Sociology/Women	f Study/Major	Degree Awa Yes Yes Yes Certificate	No No No
Check appropriate box if you poss  High School Diploma  Colleges or Universities Attended  Cal State East Bay  Occupational Licenses Completed	d De	ch School Proficiency  egree Type/ Course of  Sociology/Women	f Study/Major	Degree Awa Yes Yes Yes Certificate Yes	No N
Check appropriate box if you poss  High School Diploma  Colleges or Universities Attended  Cal State East Bay  Occupational Licenses Completed:	d: CLASS	gh School Proficiency egree Type/ Course of Sociology/Women	f Study/Major n Studies	Degree Awa  Yes  Yes  Yes  Certificate  Yes  Yes  Yes	Awarded for Training:
Check appropriate box if you poss  High School Diploma  Colleges or Universities Attended Cal State East Bay  Occupational Licenses Completed:  Other Trainings Completed:	d: CLASS	gh School Proficiency egree Type/ Course of Sociology/Women	f Study/Major n Studies	Degree Awa  Yes  Yes  Yes  Certificate  Yes  Yes  Yes	Awarded for Training?
Colleges or Universities Attended Cal State East Bay  Occupational Licenses Completed	d: CLASS Circle of might affect	sh School Proficiency egree Type/ Course of Sociology/Women Security your attendance at s	f Study/Major n Studies	Degree Awa  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	Awarded for Training:  No  No  No  No  No  No

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would like to my ability to members to	o continue my service on the Ladvocate for the consumers I	coal Planning Committee, or commission.  Local Planning Committee because it has enhanced serve. I enjoy meeting with my fellow committe romote awareness and understanding of what our tional system.
Describe your q	ualifications for this appointment.	(NOTE: you may also include a copy of your resume).
in Head Start experience a	for over 11 years and have all sa Family Advocate, Commun	rticipate on a sub-committee. I have served families lways been in a role promoting advocacy. I have nity Partnerships Coordinator, as well as expericince also CLASS, HOVRS and TLC certified.
Please c		to a Contra Costa County advisory board?
If Yes, ple	ase list the Contra Costa County adv	visory board(s) on which you are currently serving:
If Yes, ple	ase also list the Contra Costa Coun	ty advisory board(s) on which you have previously served:
		ding any boards on which you have served.
1.Over 13 year 2.12 years with 3.Annual Holid	r and community experience, includes with Hands of Hope Nonproof Give Oakland ay Toy Drive with Mayor Alian inpact Steering Committee for	fit no for the past three years.
		of the Board of Supervisors? (Please refer to the relationships page 3 of this application or Resolution No. 2021/234).
Please ch	eck one: Yes No	
If Yes, ple	ase identify the nature of the relati	onship:
o you have any	financial relationships with the cou	inty, such as grants, contracts, or other economic relationships
	eck one: Yes No ase identify the nature of the relati	onship:

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

Signed:	Tacqueline Smith	Date:	1-23-22
100			

Submit this application to: ClerkofTheBoard@cob.cccounty.us OR Clerk of the Board 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 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.