

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					
Deborah		Card					
Home Address - Street	City			Zip Code			
	Pittsburg		94565				
Phone (best number to reach you)		Email					
Inc.	A SUSSINGER		47				
Resident of Supervisorial District:	5						
EDUCATION Check appropriate	box if you possess	s one of the following:					
High School Diploma		Proficiency Certificate	715 31	r IIA II	G.E.D. Ce	rtific	ate
Colleges or Universities Attended	Course of Stud	Course of Study/Major		Degree Awarded			
Michigan State University		Nursing		Yes			No
University of CA, San Francisco		Nursing		Yes			No
University of San Francisco		Education		Yes			No
Other Training Completed:	erontology Certifica	ate-Cal State East Bay	14 15	1903	Market ve	(CITE)	
Board, Committee or Commission Name		Seat Name					
Advisory Council on Aging (ACOA)		Member At Large	424				
Have you ever attended a meeting of the	advisory board	for which you are apply	/ing?				
□ No ■ Y	es If yes, how	w many?	Mon	thly x 27	years		
Please explain why you would like to ser	ve on this particu	ılar board, committee,	or cor	nmissic	on.		
I have had the pleasure of ACOA noto advise the Area Agency on Aging quality of life of CCC's older adults advocacy and action, particularly of essential resources and services.	g (AAA), on ma and persons w	atters affecting the high	nealth a plea	, well l asure t	being, and to be a vo	d ice d	_
Describe your qualifications for this appo	intment. (NOTE:	vou mav also include a	copy	of	VINE E		
your resume with this applicat		,					
-44 years as a CCHS nurse, having provide and management capacities -Nearing 3 decades of service with the AC -23 year hx as a Nursing Professor teaching -Currently employed assisting older adults the necessary care to avoid institutionalization.	led direct client ca OA/Workgroups, ng college course and persons with	in both advisory and vo	luntee	r roles ment ar	nd Aging		
I am including my resume with this appli	cation:	, m i			, selection	43	
Please check one:	☐ Yes 🗏	l No					
I would like to be considered for appoint	ment to other ad	lvisory bodies for which	h i ma	y be qu	alified.		
		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.
Advisory Council on Aging (current member) CCC Information and Assistance Program (volunteer) Bay Point Nutriton Program (volunteer pre Covid) Pittsburg Senior Center (volunteer pre Covid) Pittsburg Community Band (pre Covid) CCC Health Services Diversity Board (prev post)
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:
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:
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, greatgrandson, 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.