

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				
Mike	Awadalla				
Home Address - Street	City		7	ip Code	
	Walnut Creek		94598		
Phone (best number to reach you)	Fmail				
				The state of the s	
Resident of Supervisorial District:	a.				
EDUCATION Check appropriate	te box if you possess one of the following:				
✓ High School Diploma	CA High School Proficiency Certificate	- -		G.E.D. Certi	
Colleges or Universities Attended	Course of Study/Major				MCS (6
San Francisco State University	Microbiology	neg	ree Awa		
	impoliology		Yes		
		- 13	Yes		-
Other Training Completed:	Certified Senior Advisor (CSA)		162		No
Board, Committee or Commission Nam	ie Seat Name				
ACOA Have you ever attended a meeting of t	he advisory board for which you are app Yes If yes, how many?	over	20 times		
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Are you currently or have you ever	been appointed	to a Contra Costa	County advisory boar	rd?
Please check one:	Yes Yes	□ No		
List any volunteer and community	experience, inclu	ding any boards or	which you have se	rved.
I am a member of SMAC, Ser working group and Fall preven			e ACOA husing g	roup, the Health
Do you have a familial relationship	with a member	of the Board of Su	pervisors? (Please ref	fer to
the relationships listed				
Please check one:	☐ Yes	■ No		
If Yes, please identify th	e nature of the re	lationship:		- A - A - A - A - A - A - A - A - A - A
Do you have any financial relation other economic relation	•	unty, such as grant	s, contracts, or	
Please check one:	☐ Yes	■ No		
If Yes, please identify th	e nature of the re	lationship:		
I CERTIFY that the statements mad knowledge and belief, and are mad application is publicly accessible. It cause forfeiture of my rights to ser	le in good faith. I a understand and ag	ocknowledge and u gree that misstater	inderstand that all Ini ments and/or ommiss ission in Contra Costa	formation in this sions of material fact may
Signed:	none market		Date:	0170072020
Submit this application to: Clerkof	The Board@cob.cc	1025	k of the Board of Sup 5 Escobar Street, 1st tinez, 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, grandson, granddaughter, grandson, granddaughter, first-cousin, huzband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepson, stepson, 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.