

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	Middle Initia	l Last Name		
Home Address - Street	City		State	Postal Code
Primary Phone (best number to reach you)	Email Addre	ss		
Resident of Supervisorial District (if out of Co	ounty, please ente	er N/A):	District Locat	or Tool
Do you work in Contra Costa County? Ye	es No If Ye	s, in which District do	you work?	
Current Employer	Job Title Length of Employment		of Employment	
How long have you lived or worked in Contr	a Costa County?			
Board Committee or Commission		Seat Name		
Board, Committee, or Commission		Seat Name		
Have you ever attended a meeting of the ac	lvisory board for v	which you are applyi	ng?	
Pease check one: Yes	No	If Yes, how many?		
<u>EDUCATION</u>				
Check appropriate box if you possess one of	the following:			
High School Diploma CA H	A High School Proficiency Certificate G.E.D. Certificate			
olleges or Universities Attended Degree Type/ Course of Study/Major		Degree Awarded		
			Yes	No
			Yes	No
			Yes	No
Occupational Licenses Completed:				
			Certificate A	warded for Training?

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

Yes No No

No

Yes

Yes

If Yes, please explain:

Other Trainings Completed:

Would you like to be considered for appointment to other advisory bodies for which you may be qualified? No

Are you a veteran of the U.S. Armed Forces? Yes No

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Please explain why you would like to serve on this particular board, committee, or commission.		
Describe your qualifications for this appointment (NOTE; you may also include a convert your resume)		
Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume).		
I am including my resume with this application:		
Please check one: Yes No		
Thease areas		
Are you currently or have you ever been appointed to a Contra Costa County advisory board?		
Please check one: 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 and community experience, including any boards on which you have served.		
Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships		
listed under the "Important Information" section on page 3 of this application or Resolution No. 2021/234).		
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: Yes No		
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:	Date:
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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.