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**Print Form** 



Contra Costa County



2022 OCT 20 AH 10: 36

## 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 Cate                          |             | $\neg$       | Last Name                              |               |      |              |             |      |     |
|--|-------------|--------------|--|---------------|------|--------------|-------------|------|-----|
|  |             |              | Burkhart                               |               |      |              |             |      |     |
| Home Address - Street City               |             |              |  |               |      | Zip          | Code        |      |     |
|  |             | Richmond     |  |               |      | 948          | 04          |      |     |
| Phone (best number to reach you)         |             |              | Email                                  |               |      |              |             |      |     |
|  | J _         |              |  |               |      |              |             |      |     |
| Resident of Supervisorial District:      |             | 1            | _                                      |               | -    |              |             |      |     |
| EDUCATION Check approprie                | ate box i   | f vou nosses | s one of the follo                     | wina:         |      |              |             |      |     |
| High School Diploma                      |             |              | Proficiency Cert                       |               |      |              |             | ٠,٠  |     |
| Colleges or Universities Attended        |             |              |  |               |      |              | i.E.D. Cert | itic | ate |
| Univ. of Connecticut                     | Co          | urse of Stu  |  |               | gre  | e Award      | ed          |      |     |
| Only, of Connecticut                     |             |              | General Ed.                            |               | Υ    | es           |             |      | No  |
|  |             |              |  |               | Y    | es           |             |      | No  |
|  | _ <u>_</u>  |              |  |               | Υ    | es           | Ī           | ]    | No  |
| Other Training Completed:                |             |              |  |               |      |              |             |      |     |
| Board, Committee or Commission Nar       | me          |              | Seat Name                              |               |      |              |             |      |     |
| Commission on Aging for the              | 114         | 7            | Seat Name                              |               |      |              |             |      |     |
|  | المام مطابة | <br>         | 6                                      |               |      | <del> </del> |             |      |     |
| Have you ever attended a meeting of      | l Yes       |              |  |               |      | +            |             |      |     |
|  |             | If yes, how  | •                                      | 1             |      |              |             |      |     |
| Please explain why you would like to     | serve on    | this particu | ilar board, comr                       | nittee, or co | mm   | ission.      |             |      |     |
| I am currently on the Commissin          | of Aga      | ing for the  | city of Richm                          | ond and r     | ادم  | za that      | West        | -    |     |
| Counyt is missing out on many s          | ervices     | because      | we are under                           | renresente    | od ( | n hoar       | de and      |      |     |
| committees.                              |             |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Chicacile     | su ( | ni boai      | us and      |      |     |
|  |             |              |  |               |      |              |             |      |     |
|  |             |              |  |               |      |              |             |      |     |
| Donnika varia avalification for the      |             |              |  |               |      |              |             |      |     |
| Describe your qualifications for this ap | pointm      | ent. (NOTE:  | you may also inc                       | clude a copy  | of   |              |             |      |     |
| your resume with this appli              |             |              |  |               |      |              |             |      |     |
| have been involved in the comm           | nunity f    | or many y    | ears, from PT                          | A, Richmo     | nd   | Annex        |             |      |     |
| Acidi inominora Conucii to crittetti     | y servi     | ng on Rich   | nmond Comm                             | ision on A    | ging | ı. I've l    | ive in      |      |     |
| Ruchmond for 56 years.                   |             |              |  |               |      |              |             |      |     |
|  |             |              |  |               |      |              |             |      |     |
|  |             |              |  |               |      |              |             |      |     |
|  |             |              |  |               |      |              |             |      |     |
| am including my resume with this app     | nlication   |              |  |               |      |              |             |      |     |
| Please check one:                        | ☐ Yes       |              | No                                     |               |      |              |             |      |     |
|  |             |              |  |               |      |              |             |      |     |
| would like to be considered for appoin   | ntment      | to other adv | isory bodies for                       | which I ma    | y be | qualifie     | d.          |      |     |
| Please check one:                        | □ Yes       | ***          | No                                     |               |      |              |             |      |     |

| Are you currently or have you ever been appointed to a Contra  Please check one:   Yes   No  | Costa County advisory board?  |  |
|--|---|--|
| List any volunteer and community experience, including any bo  | ards on which you have sowed  |  |
|  | ards on which you have serveu.  |  |
|  |   |  |
|  |   |  |
|  |   |  |
| 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 other economic relationships?   | grants, contracts, or   |  |
| Please check one:  |   |  |
| If Yes, please identify the nature of the relationship:  |   |  |
|  |   | <del></del>                            |
| application is publicly accessible. I understand and agree that mis cause forfeiture of my rights to some mittee, or considerable.  Signed:  | commission in Contra Costa County.  | al fact may                            |
| Submit this application to: ClerkofTheBoard@cob.cccounty.us OR   | Clerk of the Board of Supervisors<br>1025 Escobar Street, 1st Floor<br>Martinez, CA 94553           | D                                      |
| Questions about this application? Contact the Clerk of the ClerkofTheBoard@cob.co  | e Board at (925) 655-2000 or by email at  |  |
| Important Inform   | nation  |  |
| 1. This application and any attachments you provide to it is a public document an Code §6250-6270).  | d is subject to the California Public Records Act (CA   | A Government                           |
| 2. All members of appointed bodies are required to take the advisory body training   |   |  |
| <ol> <li>Members of certain boards, commissions, and committees may be required to<br/>Form 700, and 2) complete the State Ethics Training Course as required by AB 123</li> </ol>   | : 1) file a Statement of Economic Interest Form also<br>34.   | o known as a                           |
| 4. Meetings may be held in various locations and some locations may not be acce  | ssible by public transportation.  |  |
| <ol> <li>Meeting dates and times are subject to change and may occur up to two (2) da</li> <li>Some boards, committees, or commissions may assign members to subcommit<br/>commitment of time.</li> </ol>  | vs per month.   | nal                                    |
| 7. As indicated in Board Resolution 2011/55, a person will not be eligible for appoany of the following relationships: mother, father, son, daughter, brother, sister, grandfather, great grandfather, and the same a | intment if he/she is related to a Board of Supervisograndmother, grandfather, grandson, granddaught | ors member in<br>er, great-            |

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.

grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, 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.