



Contra Costa County

For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:
Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, California 94553-1292
PLEASE TYPE OR PRINT IN INK
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

[Empty box for board name]

[Empty box for seat name]

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Ames Kathryn B
(Last Name) (First Name) (Middle Name)

2. Address: [Redacted] Pleasant Hill [Redacted]
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: [Redacted] [Redacted] [Redacted]
(Home No.) (Work No.) (Cell No.)

4. Email Address: [Redacted]

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma [X] G.E.D. Certificate [] California High School Proficiency Certificate []

Give Highest Grade or Educational Level Achieved BA Human Services - Holy Names College

Table with 6 columns: Names of colleges / universities attended, Course of Study / Major, Degree Awarded, Units Completed (Semester/Quarter), Degree Type, Date Degree Awarded. Includes entries for S.F. State University and Holy Names University.

02-2016: MEALS ON WHEELS - VOLUNTEER
 - Office work which includes data input.

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

A) Dates (Month, Day, Year)	Title	Duties Performed
From <input type="text" value="1992"/> To <input type="text" value="2013"/> Total: Yrs. <input type="text" value="21"/> Mos. <input type="text" value="7"/> Hrs. per week <input type="text" value="40"/> . Volunteer <input type="checkbox"/>	Kaiser Permanente Hospital Employer's Name and Address 1992-2001 Hayward 2002-2013 transferred to Kaiser Martinez	Computer program Data Entry Audits Procurement of supplies
B) Dates (Month, Day, Year) From <input type="text" value="1979"/> To <input type="text" value="1991"/> Total: Yrs. <input type="text" value="12"/> Mos. <input type="text" value="8"/> Hrs. per week <input type="text" value="40"/> . Volunteer <input type="checkbox"/>	Unit Secretary and Coagulation Lab Secretary Employer's Name and Address Providence Hospital 3100 Summit St. Oakland, CA (merged to Merritt Medical Center Oakland)	Duties Performed Performed all unit Secretary duties in the PICU - Post Intensive Care Unit Transferred within to Coagulation Lab; admin duties + small amt lab duties
C) Dates (Month, Day, Year) From <input type="text" value="1975"/> To <input type="text" value="1978"/> Total: Yrs. <input type="text" value="3"/> Mos. <input type="text" value="0"/> Hrs. per week <input type="text" value="32"/> . Volunteer <input type="checkbox"/>	Food Service Clerk + Microbiology Lab clerk Employer's Name and Address Alza Bates Hospital Berkeley, CA	Duties Performed Menu + nutritional info to inpatients. Transferred to Microbiology Lab - processed blood cultures - "planted" specimens - general office
D) Dates (Month, Day, Year) From <input type="text" value="1968"/> To <input type="text" value="1974"/> Total: Yrs. <input type="text" value="6"/> Mos. <input type="text" value="0"/> Hrs. per week <input type="text" value="0"/> . Volunteer <input type="checkbox"/> on call "Student job"	Radiology File clerk Employer's Name and Address Herrick Hospital 2001 Dwight Way Berkeley, CA	Duties Performed X-ray Dept - General duties filing xrays + reports and charts

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other member

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No Yes

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

No Yes

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 publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: Kathryn B. Jones Date: 8/9/2018

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of 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.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: 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. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. 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.