

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								
Sharon (Shari)		Maxwell								
Home Address - Street	City				Zip Code					
	Danville				94526					
Phone (best number to reach you)		Email								
						44				
Resident of Supervisorial District:										
	1	s one of the following:		_						
✓ High School Diploma	CA High School Proficiency Certificate			L	G.E.D. Certific	ate				
Colleges or Universities Attended	Course of Study/Major			Degree Awarded						
Diablo Valley College	General Education			Yes	34 JA-1-31 g	No				
California State University Sacramento	Comm	Communications/Business		Yes		No				
a profese private and combined to be	100-200			Yes		No				
Other Training Completed: Certified Senior Advisor - 2011										
Board, Committee or Commission Name		Seat Name			A BUILD	- 156				
ACOA - Health Workgroup										
Have you ever attended a meeting of the advisory board for which you are applying?										
□ No 🗏 Ye	s If yes, how	w many?	1							
Please explain why you would like to serve on this particular board, committee, or commission.										
I have been a resident of Contra Costa County for most of my life. My grandmother lived in										
Rossmoor until she passed away at 99, and my parents, both in their 90s, currently reside in										
Alamo. With a family history of longevity, I am passionate about serving seniors in our										
community.										
Lattended a Healthdroup meeting and was impressed by the positive impact your committee has										
Describe your qualifications for this appointment. (NOTE: you may also include a copy of										
your resume with this application)										
I have been employed with BrightStar Care as the Director of Client Care for 14 years. Upon										
joining BrightStar Care, I completed the training with the Society of Certified Senior Advisors and										
passed the exam to become a Certified Senior Advisor. Being new to the industry, I recognized the importance of gaining comprehensive knowledge to effectively serve and support the senior										
community.	AIGIVE KITOWIE	age to effectively s	CIVC	ariu şu	ipport the serio	"				
Additionally, I am a certified Matter		<u>ach, which is a na</u>	tionwi	<u>de evi</u>	dence-based					
I am including my resume with this applic										
Please check one:	Yes	No								
I would like to be considered for appointn		visory bodies for whi	ch I ma	y be qı	ualified.					
Please check one:	Yes \square	No								

Are you cu	rrently or have you ever bee	en appointed to	a Contra Cost	a County advis	sory board	?			
	Please check one:	☐ Yes	■ No						
List any volunteer and community experience, including any boards on which you have served.									
dedicated	s a volunteer usher at m d member of the Social I six years, and actively su	Health and Re	source Excl	hange (S.H.	A.R.E) pl	anning committee			
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:	W of Resolution ☐ Yes	■ No						
	If Yes, please identify the na	••		p.					
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 na	☐ Yes Iture of the relat	No No lionship:						
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:	Sharon L. Maxwell		l in		Date:	1/13/25			
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, great-granddaughter, 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 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.