



Contra Costa County

Print Form

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 Middle Initial S. Last Name Burkhart

Home Address - Street [REDACTED] City Richmond State CA Postal Code 94804

Primary Phone (best number to reach you) [REDACTED] Email Address [REDACTED]

Resident of Supervisorial District (if out of County, please enter N/A): No

Do you work in Contra Costa County? ☒ Yes ☒ No If Yes, in which District do you work? [REDACTED]

Current Employer None Job Title [REDACTED] Length of Employment [REDACTED]

How long have you lived or worked in Contra Costa County? 57 years

Board, Committee, or Commission ACSA Seat Name Member

Have you ever attended a meeting of the advisory board for which you are applying?
Please check one: ☒ Yes ☐ No If Yes, how many? 22

EDUCATION

Check appropriate box if you possess one of the following:

☒ High School Diploma ☐ CA High School Proficiency Certificate ☐ G.E.D. Certificate

Colleges or Universities Attended	Degree Type/ Course of Study/Major	Degree Awarded
UNIV. of Conn.	Liberal Arts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physical Therapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Occupational Licenses Completed: [REDACTED]

Other Trainings Completed: [REDACTED] Certificate Awarded for Training?
☐ Yes ☐ No
☐ Yes ☐ No

Do you have any obligations that might affect your attendance at scheduled meetings? ☒ Yes ☐ No

If Yes, please explain: I do not drive, and must depend on other to drive me.

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

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

Please explain why you would like to serve on this particular board, committee, or commission.

I have very low vision and therefore cannot drive.
I have to depend on other members to drive me.
I could attend by zoom if my attendance would be counted as there.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume).

I have been a member and president of the following organizations over the years:
Ed Fund for WCCUSD)
Peter Pan Parent Co-op Nursery School
Alvarado PTA
Portola PTA
El Cerrito High PTSA
Richmond Neighborhood Council

I am including my resume with this application:

Please check one: ☐ Yes ☒ No

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:

AAO

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.

I have served on this commission for 2 year and feel my experience is valuable. I also serve on the Richmond Commission on Aging for 2 -4 year terms. terms.

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 omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed:

[Redacted Signature]

Date:

8/2/24

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.