

# Application Form

## Profile

Carol  
First Name

Schaefer  
Middle Initial      Last Name

PO Box 2633  
Home Address

Suite or Apt

Walnut Creek  
City

CA  
State

94595  
Postal Code

925  
Primary Phone

carol.schaefer@conracounty.com  
Email Address

## District Locator Tool

### Resident of Supervisorial District:

District 2

Retired  
Employer      Job Title

### Length of Employment

### Do you work in Contra Costa County?

Yes  No

### If Yes, in which District do you work?

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

4 yrs

### Are you a veteran of the U.S. Armed Forces?

Yes  No

## Board and Interest

### Which Boards would you like to apply for?

Advisory Council on Aging: Submitted

### Seat Name

Carol Schaefer

Have you ever attended a meeting of the advisory board for which you are applying?

Yes  No

If Yes, how many meetings have you attended?

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## Education

Select the option that applies to your high school education \*

High School Diploma

College/ University A

Name of College Attended

UC Davis

Degree Type / Course of Study / Major

Philosophy

Degree Awarded?

Yes  No

College/ University B

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

Yes  No

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College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

Yes  No

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Other Trainings & Occupational Licenses

**Other Training A**

**Certificate Awarded for Training?**

Yes  No

**Other Training B**

**Certificate Awarded for Training?**

Yes  No

**Occupational Licenses Completed:**

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**Qualifications and Volunteer Experience**

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

I worked in the Alcohol and Drug field for 25 years

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

I worked in the Alcohol and Drug field for 25 years

[Upload a Resume](#)

**Would you like to be considered for appointment to other advisory bodies for which you may be qualified?**

Yes  No

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

Yes  No

**If Yes, please explain:**

**Are you currently or have you ever been appointed to a Contra Costa County advisory board?**

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 or community experience, including any advisory boards on which you have served.

Travel Ambassador and Usher Leshner Center Walnut Creek Parks and Recreation

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### Conflict of Interest and Certification

Do you have a familial or financial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed under the "Important Information" section below or Resolution No. 2021/234)

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?

Yes  No

If Yes, please identify the nature of the relationship:

### Please Agree with the Following Statement

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 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.

I Agree

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Important Information