THE SEAL OF						<b>Print Form</b>	
	Contra				Please return o	completed applications to:	
	Costa					of the Board of Supervisors	
	County				102	5 Escobar Street, 1st Floor Martinez, CA 94553	
COSPI COUNTY COM	County			or em	ail to: ClerkofTl	neBoard@cob.cccounty.us	
BOARDS, COMMI	TTEES, ANI	D COM	MISSIONS APPL	ICATION			
First Name			Middle Initial	Last Name			
Cynthia			W	Mallory			
Home Address - Street			City		State	Postal Code	
			Oakley		CA	94561	
Primary Phone (best number to reach you)			Email Address	5			
Resident of Superviso	orial District (i	f out of C	County, please enter	N/A): Dianne Burgis	District Loca	tor Tool	
Do you work in Contr	ra Costa Count	t <b>y? 🗹</b> Y	es 🗌 No <b>If Yes,</b>	in which District do	you work?	Federal D Glo	
Current Employer			Job Title			n of Employment	
Personnel Technican			Personnel T	echnican	10 m	onths	
How long have you liv	ved or worked	l in Cont	ra Costa County? 🔤	ed 23 years			
Board, Committee, o	r Commission			Seat Name			
African American Holistic Wellness Hul			lub				
Have you ever attend	led a meeting	of the a	dvisory board for w	hich you are applyir	ng?		
Pease ch	-	Yes	✓ No	If Yes, how many?			
EDUCATION							
Check appropriate bo	ox if you posse	ss one o	f the following:				
✓ High School Diplo	ma	CA 🗌	High School Proficie	ncy Certificate	G	.E.D. Certificate	
Colleges or Universities Attended		Degree Type/ Course of Study/Major		Degree Awa	irded		
Eastern Gateway Community		AA - Teacher Education		Yes	No		
Cal State East Bay Ashford University		Executive Management Human Resorces Sports and Recreational Management		Yes	No		
Ashford	University		Sports and Recrea	itional Management	Yes		
Occupational License	es Completed:						
Other Trainings Completed:		Pilates	Pilates Instructor			Awarded for Training?	
			s/Health/Nutrition	Coach/Trainer	Yes	No	
					Yes	No	
Do you have any oblig	gations that m	light affe	ect your attendance	at scheduled meeti	ngs? 🔽 Yes	No	
f Yes, please explain: I teach a class at In-Shape Health Clubs on Monday evenings but may be able to move this class to a different day but this would not be submitted until after I would be selected not to upset my							
	to a different					iou not to upoot ing	
	to a different			on a weekly basis alr			
Would you like to be	to a different current client	s receivir	na trainina from me a	on a weekly basis alr	readv.	e qualified? [Yes]No	
Would you like to be Are you a veteran of t	to a different current client: considered fo	s receivir r appoin	na trainina from me c tment to other advi	on a weekly basis alr	readv.		

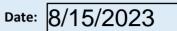
THIS FORM IS A PUBLIC DOCUMENT

Please explain why you would like to serve on this particular board, committee, or commission.
Being a woman of mixed heritage including African American, I have dealt with my share of inequalities, mishandlings, blatant disregard and other mistreatings from those in positions of power and or influence. I am also a long-standing member of this community of which I support and have over 30 years of movement training for assisting with body conditions that need correction or healing through realignment modalities, knowledge upskill and compassionate heart.
As someone who was employed by one of the local school districts, I witnessed first hand the disparaties and need for assistance in the African American people of Contra Costa County. I too was a ward of the court at 16 years old in Richmond, CA after being in ermgency foster care once I was removed from my home due to harm that was occuring there as well.
These two have the same reasons, I am who I am and I do what I am skilled in and passionate about.
Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume).
Actually is the same as the above.
Being a woman of mixed heritage including African American, I have dealt with my share of inequalities, mishandlings, blatant disregard and other mistreatings from those in positions of power and or influence. I am also a long-standing member of this community of which I support and have over 30 years of movement training for assisting with body conditions that need correction or healing through realignment modalities, knowledge upskill and compassionate heart.
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I am including my resume with this application:
Please check one: Yes Y No
Are you currently or have you ever been appointed to a Contra Costa County advisory board?
Please check one: Yes Y No If Yes, please list the Contra Costa County advisory board(s) on which you are <b>currently</b> serving:
If Yes, please also list the Contra Costa County advisory board(s) on which you have <b>previously</b> served:
List any volunteer and community experience, including any boards on which you have served.
I volunteered for a littl emore than 10 years with the Boy Scouts of America in varying roles. Some of these roles were as follows: Den Leader, Pack Trainer, Camp Commissioner, Unit Commissioner, Assistant Council Commissioner, Scoutmaster Trainer, District Roundtable Commissioner, Merrit Badge Counselor, Lifeguard for River in Camp, Camp Director, Training program contect creator and Flight to First Resident Camp Director and more.
<b>Do you have a familial relationship with a member of the Board of Supervisors?</b> (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:
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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: Cynthia Mallory



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.