

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	Middle Initial Last Name	
Logan	M Robertson	
Home Address - Street	City	State Postal Code
	Concord	CA 94521
Primary Phone (best number to reach you)	Email Address	
	All reprint ref	
Resident of Supervisorial District (if out of Cou	unty, please enter N/A):	District Locator Tool
Do you work in Contra Costa County? Yes	No If Yes, in which District do	you work?
Current Employer	Job Title	Length of Employment
Front Porch Home Match	Associate Director	1 year
How long have you lived or worked in Contra	Costa County? 6 years	
Board, Committee, or Commission	Seat Name	
Have you ever attended a meeting of the adv	visory board for which you are applying	ng?
Pease check one: ✓ Yes	□No If Yes, how many?	1
The second secon		
EDUCATION		
Check appropriate box if you possess one of t	the following:	
✓ High School Diploma	igh School Proficiency Certificate	G.E.D. Certificate
Colleges or Universities Attended D	Degree Type/ Course of Study/Major	Degree Awarded
San Francisco State University	regree Type/ Courseor Study/Ividior	Degree Awarded
	BS in Psychology	✓ Yes No
UC Davis		
UC Davis	BS in Psychology	✓ Yes No
Occupational Licenses Completed:	BS in Psychology	✓ Yes No
	BS in Psychology	✓ Yes No
Occupational Licenses Completed:	BS in Psychology	✓ Yes No ✓ Yes No ✓ Yes No
	BS in Psychology	✓ Yes No ✓ Yes No ☐ Yes No Certificate Awarded for Training?
Occupational Licenses Completed:	BS in Psychology	✓ Yes No ✓ Yes No ✓ Yes No Certificate Awarded for Training? Yes No
Occupational Licenses Completed:	BS in Psychology Masters in Business Administration	✓ Yes No ✓ Yes No Yes No Certificate Awarded for Training? Yes No Yes No No
Occupational Licenses Completed: Other Trainings Completed: Do you have any obligations that might affect	BS in Psychology Masters in Business Administration	✓ Yes No ✓ Yes No Yes No Certificate Awarded for Training? Yes No Yes No No
Occupational Licenses Completed: Other Trainings Completed:	BS in Psychology Masters in Business Administration	✓ Yes No ✓ Yes No Yes No Certificate Awarded for Training? Yes No Yes No No
Occupational Licenses Completed: Other Trainings Completed: Do you have any obligations that might affect	BS in Psychology Masters in Business Administration t your attendance at scheduled meeti	Yes No Yes No Yes No Yes No Certificate Awarded for Training? Yes No Yes No No No No No No No No No
Occupational Licenses Completed: Other Trainings Completed: Do you have any obligations that might affect If Yes, please explain: None at this time.	BS in Psychology Masters in Business Administration t your attendance at scheduled meeti	Yes No Yes No Yes No Yes No Certificate Awarded for Training? Yes No Yes No No No No No No No No No

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Please explain why you would like to serve on this particular board, committee, or commission.	
As the Associate Director of Home Match for Contra Costa I am committed to improving services for older adults in the county. I desire to be more involved in the planning and coordination of programming as become more informed on aging issues.	
Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume).	
I have done community work with groups of all ages, from direct response to child abuse recases as a case manager, to social work with developmentally disabled adults. While I have done work with older adults including in my current position as Associate Director of Home Match, I have personal ties to the aging community. My parents, both in their 80's, live in the county and struggle to find services or programs that may assist them as they age. With a range of expertise and lived experience I believe I can be an asset to this council.	e
I am including my resume with this application:	
Please check one: Yes V No	
Are you currently or have you ever been appointed to a Contra Costa County advisory board?	
Please check one: Yes V 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	l:
ist any volunteer and community experience, including any boards on which you have served.	
American Cancer Society Discover Shop-Walnut Creek	
Advisory Council on Aging Housing Work Group	
Oo you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relations isted under the "Important Information" section on page 3 of this application or Resolution No. 2021/234).	hips
Please check one: ☐ Yes ✓ No	
If Yes, please identify the nature of the relationship:	
o you have any financial relationships with the county, such as grants, contracts, or other economic relation	nships
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 Date: 10/17/2023

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.