

Contra Costa County Boards & Commissions Application Form

ct Language	Powered by Google Trans	ate (https://translate.google.com)
otes a required field		
Profile		
First Name *	Middle Initial	Last Name *
Home Address * cchomel	not have a current homesscouncil@cchealth,o	rg for assistance
City *	State *	Postal Code *
City *	State *	Postal Code *
City * Primary Phone * Home	State *	Postal Code *

Me)	
Resident of Supervisorial District:	
Employment information will NOT be rev	viewed or scored by nominating panel
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 Co	ontra Costa County?
Are you a veteran of the U.S. Armed Ford	ces?
○ No	
Board and Interest	
Which boards would you like to apply for	r? You may select up to 4 *
△ Please select a Board	
None selected ▼	lect: Contra Costa Council on Homelessness

District Locator Tool (https://www.contracosta.ca.gov/5715/Supervisor-Who-Represents-

Seat Name	
Have you ever attended a meeting of ○ Yes	the advisory board for which you are applying? *
○ No	
O NO	
If Yes, how many meetings have you	attended?
Education	raining background will NOT be reviewed or ominating panel
Select the option that applies to your	nign school education *
College/ University A	
Name of College Attended	
Degree Type / Course of Study / Majo	or
Degree Awarded?	
○ Yes○ No	
O 110	
College/ University B	
Name of College Attended	

Degree Type / Course of Study / Major

Degree Awarded?	
○ Yes	
○ No	
College/ University C	
Name of College Attended	
Degree Type / Course of Study / N	<i>f</i> lajor
Degree Awarded?	
○ Yes	
○ No	
Other Trainings 9 Occupational	Licenses
Other Trainings & Occupational	Licenses
Other Training A	
_	
Certificate Awarded for Training?	
○ Yes	
○ No	
Other Training B	
Certificate Awarded for Training? O Yes	
○ No	
_	

Occupational Licenses Completed:
Qualifications and Volunteer Experience
Please explain why you would like to serve on this particular board, commitee, or commission
*
This question will be reviewed by the nominating panel
and scored for completion
Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application) *
This question will be reviewed by the nominating panel and scored for completion
However, resumes will NOT be reviewed/ considered
Upload a Resume
Choose file
Accepted file types: RTF, DOC, DOCX, PDF, TXT, JPG, JPEG, GIF, PNG
Mould you like to be considered for appointment to other advisors hadica for which you may
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? O 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.
This question will be reviewed by the nominating panel and scored for completion
Applicants must be able to comply with conflict of interest policy
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 undersand 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 *

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.

Withdraw

(/boards/forms/321/apply/3620694?code=abb3560f-56d1-4a91-96c1-b23e7d66ea64)

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Submit