

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 | Last | Name | 2.45 34 | | | |
|--|---|-------------------|--------------------------|---|-----|--|
| Dennis | N ₄ | e | | | | |
| Home Address - Street | City | | | Zip Code | | |
| A STATE OF THE STA | Pleasant H | M | | 94523 | | |
| Phone (hest number to reach you) | Ema | | | | | |
| | | × 1 | can | er en | | |
| Resident of Supervisorial District: | | | The second of the second | | | |
| EDUCATION Check appropriate b | ox if you possess one o | of the followina: | | | | |
| High School Diploma | CA High School Profic | | [| G.E.D. Certific | ate | |
| Colleges or Universities Attended | Course of Study/Ma | | L Degree A | | 1 | |
| University of Calif, Berkeley | Biology | Mark Sentence (A) | Z Yes | - D | No | |
| San Francisio State Univ | Master of Bus | THACC ACHAIN | ☐ Yes | | No | |
| Jan 1 7am 1370 Dia te Onto | 111111111111111111111111111111111111111 | WYSS NOTHIN | ☐ Yes | | No | |
| Other Training Completed: | | | | | === | |
| | | | | | | |
| Board, Committee or Commission Name Seat Name | | | | | | |
| HCOA Member at Large | | | | | | |
| Have you ever attended a meeting of the advisory board for which you are applying? | | | | | | |
| □ No . ☑ Ye | s If yes, how man | y? [| | | | |
| Please explain why you would like to serve on this particular board, committee, or commission. | | | | | | |
| To be more knowledgeable about semon issues and to understand the allocation of funds to senior organizations | | | | | | |
| the allocation of Linds to senior organizations | | | | | | |
| The difference of bonds is senior of the | | | | | | |
| | | | | | | |
| | | | | | | |
| Describe your qualifications for this appointment. (NOTE: you may also include a copy of | | | | | | |
| your resume with this application) | | | | | | |
| | | | | | | |
| Cossent Member at Large for ACOA (5 year tenure), data oriented and forors evidence based decision's | | | | | | |
| any vinner and fours eviance presed decisions | | | | | | |
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| | | | | | | |
| I am including my resume with this application: | | | | | | |
| Please check one: | | | | | | |
| I would like to be considered for appointment to other advisory bodies for which I may be qualified. | | | | | | |
| | Yes No | ACCION WINCH | may be q | aanica. | | |
| , received or report of the t | . 55 🗀 110 | | | | | |

| Are you currently or have you ever been appointed to a Contra C | osta County advisory board? |
|--|-----------------------------------|
| Please check one: 🗹 Yes 🔲 No | |
| List any volunteer and community experience, including any boa | rds on which you have served. |
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| December of which the state of the December of | |
| Do you have a familial relationship with a member of the Board | • |
| the relationships listed below or Resolution no. 2011/ Please check one: ☐ Yes ☑ No | 55) |
| | |
| 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: | |
| | |
| LCENTIFY the Author of the Control o | |
| I CERTIFY that the statements made by me in this application are t | • |
| knowledge and belief, and are made in good faith. I acknowledge | |
| application is publicly accessible. I understand and agree that miss | • |
| cause forfeiture of multiphty to serve on a board, committee, or c | ommission in Contra Costa County. |
| Signed: | Date: 6/8/2023 |
| Submit this amplication to Clark The Decad Cash account was OB | Clark of the Deard of Consultance |
| Submit this application to: ClerkofTheBoard@cob.cccounty.us OR | 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 2011/55, 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: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-grandmother, grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.
- 8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.