



Contra
Costa
County

Print Form

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**

Home Address - Street **City** **State** **Postal Code**

Primary Phone (best number to reach you) **Email Address**

Resident of Supervisorial District (if out of County, 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**

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

Board, Committee, or Commission **Seat Name**

Have you ever attended a meeting of the advisory board for which you are applying?
Please check one: Yes No **If Yes, how many?**

EDUCATION

Check appropriate box if you possess one of the following:

- High School Diploma CA High School Proficiency Certificate G.E.D. Certificate

Colleges or Universities Attended	Degree Type/ Course of Study/Major	Degree Awarded	
Michigan State University	BSN/Nursing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
University of CA, San Francisco	MSN/Nursing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
University of San Francisco	Ed.D/Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Occupational Licenses Completed:

Other Trainings Completed: **Certificate Awarded for Training?**
 Yes No
 Yes No

Do you have any obligations that might affect your attendance at scheduled meetings? Yes No

If Yes, please explain:

Would you like to be considered for appointment to other advisory bodies for which you may be qualified? Yes No

Are you a veteran of the U.S. Armed Forces? Yes No

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

I have had the great pleasure of ACOA membership for 28+ years, and would like to continue serving as an advisor to the Area Agency on Aging (AAA), regarding matters affecting the health, well being, and quality of life of CCC's older adults and persons with disabilities. This is an extra exciting period of involvement, as we construct the government required Master Plan for Aging. It is an honor and a pleasure serving as a voice of advocacy and action, particularly on behalf of our most vulnerable residents, linking them to essential resources and services.

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

-45 years as a CCHS nurse, having provided direct care to our most vulnerable, diverse client populations, and inclusive of years of having served in a number of supervisory and management capacities.
-Nearly 3 decades of service with the ACOA/committees/workgroups, in both advisory and volunteer roles.
-23 year hx as a Nursing Professor teaching college courses that included Adult Development and Aging.
-Currently providing volunteer assistance to older adult/disabled residents at my community nutrition site.

I am including my resume with this application:

Please check one: Yes No

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

Please check one: Yes No

If Yes, please list the Contra Costa County advisory board(s) on which you are **currently** serving:

Advisory Council on Aging (ACOA)

If Yes, please also list the Contra Costa County advisory board(s) on which you have **previously** served:

List any volunteer and community experience, including any boards on which you have served.

Advisory Council on Aging
CCC Information and Assistance Program
Bay Point Nutrition Program
Pittsburg Senior Center
Pittsburg Community Concert Band
CCHS Diversity Board
Ombudsman Board of Directors

Do you have a familial relationship with a member of the Board of Supervisors? (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: _____

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 omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: Deborah Card

Date: 8/1/24

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.