SEAL COLOR	Contra Costa County			Clerk of 1 1025	mpleted applications to: the Board of Supervisors Escobar Street, 1st Floor Martinez, CA 94553 Board@cob.cccounty.us
BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION					
First Name		Middle Initial	Last Name		
Home Address - Stre	eet	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 o	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? Pease 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			ncy Certificate	G.E.D. Certificate	
Colleges or Universi	ties Attended	Degree Type/ Cour	se of Study/Major	Degree Award	
				Yes	No
				Yes	No
				Yes	No
Occupational Licenses Completed: Certificate Awarded for Training? Yes No					
Other Trainings Com	pleted:			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					
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Please explain why you would like to serve on this particular board, committee, or commission.

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

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:

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.

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:

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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:

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.

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