Please return completed applications to:

Clerk of the Board of Supervisors 651 Pine St., Room 106

Martinez, CA 94553

or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

Contra

Costa

County

First Name	<u> </u>	Last Name				
Street			-	ode		
	>]	\succ		
umber to reach you)						
Resident of Supervisorial District:						
EDUCATION Check appropriate b	oox if you possess	one of the following:				
□ High School Diploma □	CA High School	Proficiency Certificate		🗆 G.E.D. Cer	tifica	ate
Colleges or Universities Attended	Course of Stud	y/Major	Degr	ee Awarded		
			-	Yes		No
				Yes		No
				Yes		No
Other Training Completed:						
<u> </u>						
Board, Committee or Commission Name		Seat Name				
Have you ever attended a meeting of the	-		ng?			
	es If yes, hov	v many?				
Please explain why you would like to serv	e on this particu	lar board, committee, o	or com	mission.		
Describe your qualifications for this appo	intment. (NOTE:	you may also include a d	copy o	f		
your resume with this applicat	ion)					
I am including my resume with this applic	ation:					
• • • • • • •		No				
			Imax	he qualified		
I would like to be considered for appoint Please check one:		-	ттау	ve quaimed.		
Please check one:]Yes 🗆	No				



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

🗆 Yes 🛛 No

Please check one:

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

Do you ł	have a familial relationship with a the relationships listed below of Please check one:	or Resolut I Yes	tion no. 2011/55) □ No	upervisors? (Please refer to
Do you l	have any financial relationships w		ounty, such as grai	nts, contracts	5, or
	other economic relationships? Please check one:	l Yes	□ No elationship:		
knowled applicati	Y that the statements made by me lge and belief, and are made in goo ion is publicly accessible. I understa rfeiture of my rights to serve on a	od faith. I and and a	acknowledge and gree that misstate	understand t ements and/c	hat all information in this or ommissions of material fact may
Signed:					Date:
	Submit this application to:	Cle	rk of the Board of	Supervisors	
		65:	1 Pine St., Room 1	06	
		Ma	rtinez, CA 94553		
	Questions about this application?	Contact t	the Clerk of the Bo	ard at (925) .	335-1900 or by email at
	Cl	erkofTheE	Board@cob.cccour	nty.us	
		Impo	ortant Informati	on	

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-grandfather, great-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 gra

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.