

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				
Home Address - Street	_	City		7	Zip Code		
Dhara (hast mushar ta yasah usu)			F				
Phone (best number to reach you)	\neg		Email		1		
Resident of Supervisorial District:							
•	 . <i> </i>		ana af tha fallawing.				
EDUCATION Check approprie ☐ High School Diploma		•	one of the following: Proficiency Certificate		☐ G.E.D. Certificate		
		rse of Stud	·	Dograc			
Colleges or Universities Attended	Cou	irse oi stud	y/iviajor	□ Yes	Awarded □ No		
				☐ Yes			
				☐ Yes			
Other Training Completed:							
Board, Committee or Commission Na	me	ן	Seat Name				
Have you ever attended a meeting of	the advis	_ ory board f	or which you are annly	/ing?			
Have you ever attended a meeting of the advisory board for which you are applying? □ No □ Yes □ If yes, how many? □							
Please explain why you would like to serve on this particular board, committee, or commission.							
Please explain why you would like to	serve on	inis particu	iar board, committee,	or commi	ssion.		
Describe your qualifications for this a	nnointmo	nt (NOTE:	you may also include a	conv of			
your resume with this app		iii. (NOTE.	you may also melade a	сору от			
your resume with this app	ilcationi				1		
I am including my resume with this a	pplication	:					
Please check one:	☐ Yes		No				
I would like to be considered for appo	ointment 1	to other ad	visory bodies for which	n I mav be	qualified.		
Please check one:	☐ Yes		No		-1		

Are you currently or have you ever been app	ointed to a	Contra Costa	County advis	sory board?
Please check one:	es	□ No		
List any volunteer and community experience	e, including	g any boards o	on which you	have served.
Do you have a familial relationship with a me	ember of th	e Board of Su	ıpervisors? (P	lease refer to
the relationships listed below or I	Resolution r	no. 2011/55)		
Please check one:	es	□ No		
If Yes, please identify the nature o	of the relation	onship:		
Do you have any financial relationships with	the county	, such as gran	its, contracts,	or
other economic relationships?	•			
Please check one:	es	□ No		
If Yes, please identify the nature of	of the relation	onship:		
,		·		
I CERTIFY that the statements made by me in	this applica	tion are true,	complete, an	d correct to the best of my
knowledge and belief, and are made in good	faith. I ackn	owledge and i	understand th	nat all information in this
application is publicly accessible. I understand	d and agree	that misstate	ments and/or	ommissions of material fact may
cause forfeiture of my rights to serve on a bo	_			•
, <u>-</u>	,	,		·
Signed:				Date:
Submit this application to: ClerkofTheBoard@	ocob.cccour	ntv.us OR Cler	rk of the Boar	d of Supervisors
	,		5 Escobar Str	

Questions about this application? Contact the Clerk of the Board at (925) 655-2000 or by email at ClerkofTheBoard@cob.cccounty.us

Important Information

Martinez, CA 94553

- 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, greatgrandson, 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.