

# Application Form

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## Profile

Chris \_\_\_\_\_ Cowen \_\_\_\_\_  
First Name Middle Initial Last Name

Home Address \_\_\_\_\_ Suite or Apt \_\_\_\_\_  
San Pablo \_\_\_\_\_ CA \_\_\_\_\_ 94806 \_\_\_\_\_  
City State Postal Code

Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## [District Locator Tool](#)

### Resident of Supervisorial District:

District 2

North Point Pest Solutions \_\_\_\_\_ Manager \_\_\_\_\_  
Employer Job Title

### Length of Employment

6 years

### Do you work in Contra Costa County?

Yes  No

### If Yes, in which District do you work?

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

64 years

### Are you a veteran of the U.S. Armed Forces?

Yes  No

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## Board and Interest

### Which Boards would you like to apply for?

Mosquito & Vector Control District Board of Trustees (BoS Appointees Only): Submitted

**Seat Name**

County seat on Board of Director's

**Have you ever attended a meeting of the advisory board for which you are applying?**

Yes  No

**If Yes, how many meetings have you attended?**

90 or more

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**Education**

**Select the option that applies to your high school education \***

High School Diploma

**College/ University A**

**Name of College Attended**

Armstrong university

**Degree Type / Course of Study / Major**

A.A

**Degree Awarded?**

Yes  No

**College/ University B**

**Name of College Attended**

**Degree Type / Course of Study / Major**

**Degree Awarded?**

Yes  No

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**College/ University C**

**Name of College Attended**

**Degree Type / Course of Study / Major**

**Degree Awarded?**

Yes  No

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## Other Trainings & Occupational Licenses

### Other Training A

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#### Certificate Awarded for Training?

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Yes  No

### Other Training B

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#### Certificate Awarded for Training?

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Yes  No

### Occupational Licenses Completed:

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Pest Control license for Termites and Pest Control for 26 years

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## Qualifications and Volunteer Experience

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

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Been on board for 15 years. Reappointment

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

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Been in Pest Control for 25 years. Been on board for 15 years. Looking for reappointment.

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Upload a Resume

**Would you like to be considered for appointment to other advisory bodies for which you may be qualified?**

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Yes  No

**Do you have any obligations that might affect your attendance at scheduled meetings?**

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Yes  No

**If Yes, please explain:**

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

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Yes  No

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

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Mosquito contra costa board

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

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**List any volunteer or community experience, including any advisory boards on which you have served.**

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### **Conflict of Interest and Certification**

**Do you have a familial or financial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed under the "Important Information" section below or Resolution No. 2021/234)**

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Yes  No

**If Yes, please identify the nature of the relationship:**

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**Do you have any financial relationships with the County such as grants, contracts, or other economic relationships?**

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Yes  No

**If Yes, please identify the nature of the relationship:**

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### **Please Agree with the Following Statement**

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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 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.**

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I Agree

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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.