

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

## 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 C	ounty, please enter N	ty, please enter N/A):		<u>District Locator Tool</u>	
Do you work in Contra Costa County? Yes No If Yes, in which District do you work?					
Current Employer	Job Title	Job Title		Length of Employment	
How long have you lived or worked in Contr	ra Costa County?				
Soard, Committee, or Commission Seat Na		Seat Name			
Have you ever attended a meeting of the ac Pease check one: Yes	•	ch you are applying f Yes, how many?	ng?		
EDUCATION					
Check appropriate box if you possess one of	f 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		
			Yes	No	
			Yes	No	
			Yes	No	
Occupational Licenses Completed:					
				varded for Training?	
Other Trainings Completed:			Yes Yes	No No	
			165	NO	
Do you have any obligations that might affe	ct vour attendance a	t scheduled meeti	ings? Yes	Na	
If Yes, please explain:	or your accordance a		<b>85.</b> 165	No	
Would you like to be considered for appoint	ment to other adviso	ory bodies for whi	ch you may be	<b>qualified?</b> Yes No	

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No

Yes

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 <b>previously</b> served:
if res, please also list the Contra Costa County advisory board(s) on which you have <b>previously</b> served:
List any volunteer and community experience, including any boards on which you have served.
<b>Do you have a familial relationship with a member of the Board of Supervisors?</b> (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 ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: Judy Woo 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

## <u>Important Information</u>

- 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.