

## 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:  |                |                  |   |            |                      |  |  |
| •  | <br>. <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      | _<br>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                    |  |  |
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|  |                |                  |   |            |                      |  |  |
|  |                |                  |   |            |                      |  |  |
|  |                |                  |   |            |                      |  |  |
| 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     | <b>Contra Costa</b>   | 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 <b>OR</b> 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.