Application Form

| Profile | | | | |
|------------------------------|-------------------|-----------------|------------------|-------------|
| Maura | | Millison | | |
| First Name | Middle Initial | Last Name | | |
| Home Address | | | Suite or Apt | |
| Clayton | | | CA | 94517 |
| City | | | State | Postal Code |
| Primary Phone | _ | | | |
| Email Address | | | | |
| District Locator Tool | | | | |
| Resident of Supervisori | al District: | | | |
| None Selected | | | | |
| Employer | Job Title | | | |
| Length of Employment | | | | |
| Do you work in Contra | Costa Coun | ty? | | |
| o Yes o No | | | | |
| If Yes, in which District | do you wo | rk? | | |
| How long have you live | d or worke | d in Contra Cos | ta County? | |
| Are you a veteran of the | e U.S. Arme | ed Forces? | | |
| o Yes o No | | | | |
| Board and Interest | | | | |
| Which Boards would yo | u like to ap | ply for? | | |
| Family & Children's Trust Co | ommittee: Sul | bmitted | | |
| Seat Name | | | | |

Submit Date: May 05, 2025

| 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? |
| 7 |
| Education |
| Select the option that applies to your high school education * |
| |
| College/ University A |
| Name of College Attended |
| San Francisco State University |
| Degree Type / Course of Study / Major |
| BS Health Education |
| Degree Awarded? |
| ⊙ Yes ○ No |
| College/ University B |
| Name of College Attended |
| Degree Type / Course of Study / Major |
| Degree Awarded? |
| o Yes o No |
| College/ University C |
| Name of College Attended |
| Degree Type / Course of Study / Major |
| Degree Awarded? |
| o Yes o No |
| Other Trainings & Occupational Licenses |

Maura Millison

| Other Training A |
|---|
| Certificate Awarded for Training? |
| o Yes o No |
| Other Training B |
| Certificate Awarded for Training? |
| c Yes c No |
| Occupational Licenses Completed: |
| Qualifications and Volunteer Experience |
| Please explain why you would like to serve on this particular board, commitee, or commission. |
| Current member of FACT - reapplication |
| Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application) |
| Current member of FACT - reapplication |
| Upload a Resume |
| Would you like to be considered for appointment to other advisory bodies for which you may be qualified? |
| ⊙ Yes ∩ No |
| Do you have any obligations that might affect your attendance at scheduled meetings? |
| ○ Yes ⊙ No |
| If Yes, please explain: |
| |
| Are you currently or have you ever been appointed to a Contra Costa County advisory board? |
| ○ 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 previously served: List any volunteer or community experience, including any advisory boards on which you have served. **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) o 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? o Yes o No If Yes, please identify the nature of the relationship: Please Agree with the Following Statement 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 undersand 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. ✓ I Agree 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.