



# Contra Costa County

[Print Form](#)**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 <input type="text" value="Michael"/>	Middle Initial <input type="text" value="S."/>	Last Name <input type="text" value="deNu"/>	
Home Address - Street <input type="text" value=""/>	City <input type="text" value=""/>	State <input type="text" value=""/>	Postal Code <input type="text" value=""/>
Primary Phone (best number to reach you) <input type="text" value=""/>	Email Address <input type="text" value=""/>		
Resident of Supervisorial District (if out of County, please enter N/A): <input type="text" value="N/A"/> <a href="#">District Locator Tool</a>			
Do you work in Contra Costa County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in which District do you work? <input type="text" value="District 4"/>			
Current Employer <input type="text" value="REACH Air Medical Services"/>	Job Title <input type="text" value="Program Director"/>	Length of Employment <input type="text" value="11 years"/>	
How long have you lived or worked in Contra Costa County? <input type="text" value="4 months"/>			

Board, Committee, or Commission <input type="text" value="Emergency Medical Care Committee"/>	Seat Name <input type="text" value="C2 - Air Medical Transportation Provider"/>
Have you ever attended a meeting of the advisory board for which you are applying?	
Please check one: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? <input type="text" value="1"/>	

## EDUCATION

**Check appropriate box if you possess one of 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	
Liberty University	BS Healthcare MGMT / Org. Leadership	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
American River College - Sacramento CA	AS Fire Science	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Occupational Licenses Completed:	<input type="text" value="Paramedic, FP-C, ICS-300, ICS-400"/>	Certificate Awarded for Training?	
Other Trainings Completed:	<input type="text" value="TSI - FAA SMS Management"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have any obligations that might affect your attendance at scheduled meetings?  Yes  NoIf Yes, please explain: Would you like to be considered for appointment to other advisory bodies for which you may be qualified?  Yes  NoAre you a veteran of the U.S. Armed Forces?  Yes  No

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

As the new Program Director for REACH 032, a Contra Costa Authorized Air Medical Transportation Provider, I was requested to fill the seat previously held by Glenn McIntyre, the former Program Director.

As an authorized provider it would be beneficial to part of this committee that helps address health care challenges and concers for the people served by the county.

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

Please see resume attached.

**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:

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

Bradshaw Christian High School Athletic Trainer (Football, and Baseball) - Sacramento CA

**Do you have a familial relationship with a member of the Board of Supervisors? (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 omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: *Michael DeNu*

Date: 01/06/2025

**Submit this application to:** [ClerkofTheBoard@cob.cccounty.us](mailto: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](mailto:ClerkofTheBoard@cob.cccounty.us)*

### **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.