Contra Costa County Boards & Commissions Application Form

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Select Language

Powered by Google **Translate (https://translate.google.com)**

* Denotes a required field

Profile

First Name *

Middle Initial

Last Name *

Home Address *

If you do not have a current home address, contact cchomelesscouncil@cchealth,org for assistance

City *

State *

Postal Code *

Primary Phone *

Home

Email Address *

District Locator Tool (https://www.contracosta.ca.gov/5715/Supervisor-Who-Represents-Me)

Resident of Supervisorial District:

Employment information will NOT be reviewed or scored by nominating panel

Employer

Job Title

Length of Employment

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?

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

- ◯ Yes
- ◯ No

Board and Interest

Which boards would you like to apply for? You may select up to 4 *

⚠ Please select a Board

None selected ▾ **Select: Contra Costa Council on Homelessness**

Seat Name

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?

Education

Education/training background will NOT be reviewed or scored by nominating panel

Select the option that applies to your high school education *

College/ University A

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

- ◯ Yes
- ◯ No

College/ University B

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

- ◯ Yes
- ◯ No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

- ◯ Yes
- ◯ No

Other Trainings & Occupational Licenses

Other Training A

Certificate Awarded for Training?

- ◯ Yes
- ◯ No

Other Training B

Certificate Awarded for Training?

- ◯ Yes
- ◯ No

Occupational Licenses Completed:

Qualifications and Volunteer Experience

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

This response will not be reviewed by the nominating panel. You can copy and paste your response for Question #2 from the CoH Supplemental Application

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

This response will not be reviewed by the nominating panel. You can copy and paste your response for Question #3 from the CoH Supplemental Application

NO resumes will be reviewed/considered

Upload a Resume

Choose file

Accepted file types: RTF, DOC, DOCX, PDF, TXT, JPG, JPEG, GIF, PNG

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.

This response will not be reviewed by the nominating panel. You can copy and paste your response for Question #3 from the CoH Supplemental Application

Applicants must be able to comply with conflict of interest policy. The nominating panel WILL score this question.

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) *

- ◯ 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? *

- ◯ Yes
- ◯ 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.

Withdraw (/boards/forms/321/apply/3620694?code=abb3560f-56d1-4a91-96c1-b23e7d66ea64)

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