

Seat Category Definitions

Appointments to the Contra Costa County Local Planning and Advisory Council for Early Care and Education (LPC) are subject to the approval of the County Board of Supervisors and the County Superintendent of Schools. Members must live or work in Contra Costa County. Membership is for a three-year term.

Twenty percent of the Planning Council members are to be from each of the following categories described below: Child Care Consumer Representative, Child Care Provider Representative, Community Representative, Public Agency Representative and Discretionary Appointee.

Child Care Consumer Representative: a parent or person who receives or has received child care services in the past 36 months

Child Care Provider Representative: a person who provides child care services or represents persons who provide child care services

Community Representative: a person who represents an agency or business that provides private funding for child care services or who advocates for child care services through participation in civic or community based organizations. Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.

Public Agency Representative: a person who represents a city, county, city and county or local education agency

Discretionary Appointee: a person appointed from any of the above four categories or outside of those categories at the discretion of the appointing agencies- the Board of Supervisors and County Superintendent of Schools.



Contra
Costa
County

For Office Use Only

Date Received:

For Reviewers Use Only:

Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, California 94553-1292
PLEASE TYPE OR PRINT IN INK
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:**
(Last Name) (First Name) (Middle Name)

2. **Address:**
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. **Phones:**
(Home No.) (Work No.) (Cell No.)

4. **Email Address:**

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma G.E.D. Certificate California High School Proficiency Certificate

Give Highest Grade or Educational Level Achieved

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D) Other schools / training completed: <input type="text"/>	Course Studied <input type="text"/>	Hours Completed <input type="text"/>	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year) From To <input type="text"/> <input type="text"/></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <input type="text"/> <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p style="text-align: center;">Title</p> <input type="text"/> <hr/> <p style="text-align: center;">Employer's Name and Address</p> <input type="text"/>	<p style="text-align: center;">Duties Performed</p> <input type="text"/>
<p>B) Dates (Month, Day, Year) From To <input type="text"/> <input type="text"/></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <input type="text"/> <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p style="text-align: center;">Title</p> <input type="text"/> <hr/> <p style="text-align: center;">Employer's Name and Address</p> <input type="text"/>	<p style="text-align: center;">Duties Performed</p> <input type="text"/>
<p>C) Dates (Month, Day, Year) From To <input type="text"/> <input type="text"/></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <input type="text"/> <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p style="text-align: center;">Title</p> <input type="text"/> <hr/> <p style="text-align: center;">Employer's Name and Address</p> <input type="text"/>	<p style="text-align: center;">Duties Performed</p> <input type="text"/>
<p>D) Dates (Month, Day, Year) From To <input type="text"/> <input type="text"/></p> <p>Total: <u>Yrs.</u> <u>Mos.</u> <input type="text"/> <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p style="text-align: center;">Title</p> <input type="text"/> <hr/> <p style="text-align: center;">Employer's Name and Address</p> <input type="text"/>	<p style="text-align: center;">Duties Performed</p> <input type="text"/>

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No Yes

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

No Yes

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 publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: _____ Date: _____

Important Information

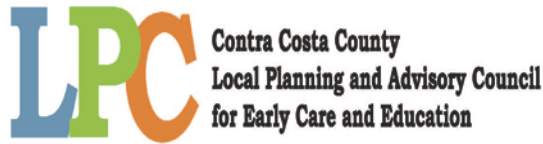
1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of 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.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: 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. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. 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.



APPLICATION FOR MEMBERSHIP

Name: _____

Home Address: _____ City: _____ Zip: _____

Business/Agency/Affiliation: _____

Address: _____ City: _____ Zip: _____

Type of Organization: _____ Position: _____

Day Phone: (____) _____ FAX:(____) _____ Email: _____

A. CATEGORIES FOR APPOINTMENT

The County Board of Supervisors and the Superintendent of Schools make appointments to the Early Care and Education Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

1. Consumer of Child Care Services - using childcare or have used it within the past 36 months.
 Are you currently utilizing Child Care? ___ Yes ___ No Date you last used it: _____
 Type of Care: _____ Location: _____
 Length of Time as a Consumer: _____

2. Child Care Provider- please check the types of care you provide and note the number of children:
 _____ Licensed family care provider # of children licensed for _____
 _____ Licensed & publicly funded child care center # of children licensed for _____
 _____ Licensed, private for profit, or private non-profit child care center # of children licensed for _____
 _____ Subsidized Child Care Program # of children licensed for _____
 _____ License exempt child care provider # of children cared for _____

 Location of your facility: _____ Program/Center Name: _____

3. Community Representative: Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.

 Organization: _____ Service Provided: _____
 Location: _____ Service Area: _____

4. Public Agency Representative - Including city, county and local education agencies.
 Agency: _____ Service Area: _____

5. All Other- Please describe:

B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin: _____ Which region of the County would you represent: _____

- White (non-Hispanic)
- Black (Includes African, Jamaican, Trinidad and West Indian)
- Hispanic (includes Mexican, Puerto Rican Cuban, Latin American or Spanish)
- Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)
- American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)
- Other _____

C. CURRENT COUNCIL INVOLVEMENT:

Are you currently an active participant on a Council Committee? ___ No ___ Yes

Which Committee: _____ What is your participation? _____

D. INTERESTS: Personal/Professional areas of interest/experience/skills that could benefit the Council:

I am interested in becoming a Council representative because: _____

E. MEMBER RESPONSIBILITIES: Members are expected to attend regular meetings on the fourth Monday of July, September, November, January, March, and May from 3:00 p.m. to 5:00 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: _____ Yes _____ No

If needed, do you have the support of your agency/employer to be an active member of the Council? _____ Yes _____ No

F. How did you hear about the Planning Council?

Please attach your resume and a letter of interest with this application. Mail completed application, resume and letter of interest to the Contra Costa County Local Planning and Advisory Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature: _____ Date: _____