

**APPLICATION FOR APPOINTMENT TO BOARDS OR COMMISSIONS
APPOINTED BY THE MARIN COUNTY BOARD OF SUPERVISORS**

Name _____ Email _____

Home Address _____
Street _____

Town _____ Zip _____ Telephone: _____

Employer's Name _____ Telephone: _____
& Address _____

Present Occupation _____ Are You Over 18 Years of Age _____

Board/Commission Applied for _____ Health Council of Marin _____

Summary of Qualifications for Position: *(Please attach an extra sheet if necessary)*

Reasons for Applying:

List any organizations of which you are an officer or an employee which are funded by or provide services to county government:

Date _____ Signature _____

(Please print form and sign)

Please return to: Clerk, Marin County Board of Supervisors
Suite 329, Civic Center
San Rafael, CA 94903
(fax 499-3645)

Additional information may be attached.

NOTE: This application will remain valid for a period of one year. If you wish information on requirements for positions, or on the status of your application, please contact the Clerk of the Board of Supervisors, (415) 499-7331.

****Please note the Conflict of Interest disclosure requirements on the 2nd page of this application - you may be required to file a Conflict of Interest disclosure form if you are appointed****

DISCLOSURE REQUIREMENTS

Listed below are those committees and commissions whose members are required to file a disclosure statement with the Clerk of the Board, Room 329, Marin County Civic Center. The members of commissions or committees not listed are not required to file such statement.

	<u>Disclosure Category</u>		<u>Disclosure Category</u>
Aging, Marin Commission on	6	Human Rights Commission	10
Airport Land Use Planning Commission	1	Integrated Pest Management Comm.	10
Alcohol & Drug Advisory Board	10	Kentfield Planning Advisory Board	1
Assessment Appeals Boards 1 & 2	1	Law Library Board of Trustees	3
Aviation Commission	10	Library Commission	3
Building Board of Appeals	1	Mental Health Board	6
Child Care Commission	10	Parks & Open Space Commission	1
Civic Center Conservancy	10	Peace Conversion Commission	1
County Service Area Advisory Boards	10	Personnel Commission	1
Cultural Services Commission	1	Planning Commission	1
Disability Access Appeals Board	1	Residential Rehabilitation Loan Committee	10
Disaster Council	10	Retirement Board	1
Economic Commission	1	Strawberry Design Review Board	1
Fish and Wildlife Commission	10	Tamalpais Design Review Board	1
Flood Control Zone Advisory Boards	10	Women's Commission	10
Health Council of Marin	6	Workforce Investment Board	10

Disclosure Categories

- Cat. 1** All sources of income, reportable interests in real property and investments and business positions in business entities located in or doing business in Marin County.

- Cat. 3** Investments and business positions in business entities and sources of income which provide library services, supplies, materials, machinery or equipment of the type utilized by the library.

- Cat. 6** Investments and business positions in business entities and income from sources which are providers of health care services, including but not limited to pharmacies, physicians, etc. Investments and business positions in business entities and/or nonprofit corporations and income from sources which may be the recipient of patient referrals for the delivery of health care services or supplies by the employee's hospitals. Investments and business positions in business entities or nonprofit corporations and income from sources which are of the type which provide consultant services to any business entity or nonprofit corporation made reportable by this disclosure category.

- Cat. 7** All sources of income, investments and business positions in business entities located in or doing business in Marin County.

- Cat. 10** Reportable interests in real property. Investments and business positions in any business entity located in or doing business in Marin County or income from any source if the business entity or source of income manufactures or sells supplies, machinery or equipment of the type utilized by the County. Investments and business positions in any business entity or income from any source if the business entity or source of income is a contractor or subcontractor engaged in the performance of work or services of the type utilized by the County.

Supplemental questionnaire

HEALTH COUNCIL OF MARIN

CONSUMER/PROVIDER STATUS & INTEREST INFORMATION

A. Name: (Please print) _____

B. Please check appropriate categories.

Provider

- Active health service provider and/or administrator
- Person with fiduciary interest in a health care facility
- Person receiving a significant income from health care instruction, products, or insurance.

Consumer

- Person who does not provide any of the services listed above and does not have business interest in provision of these services.

C. Please provide additional business, professional or volunteer affiliations.

Please indicate any experience you have had in any health care related activities, e.g., previous employment, education, caregiver, consumer.

D. Interest: Please check your interest in the following:

- Legislative/advocacy Long Term Care/Skilled Nursing Facilities
- Seniors Children Health care cost Substance abuse
- Public Health planning Health education Dental Care
- Disabled persons/access Medically indigent/MediCal
- Community relations Other _____

E. Council Diversity

What other specialized knowledge or personal characteristics do you possess which you believe will enhance the Council's knowledge of the needs of our community?

F. Have you attended any council meetings? _____

G. Signature: _____

Date: _____