

Application for Membership on Advisory Board, Council, Committee or Commission

Return application to the Clerk of the Board of Supervisors

By mail or delivery to: Clerk of the Board of Supervisors, 675 Texas Street, Suite 6500, Fairfeld, CA 94533 Or you may also submit your application by clicking on the submit button at the end of this application.

All fields marked with an * are re	equired
------------------------------------	---------

* Name of Board, Council, Committee or Commission: Solano County Parks & Recreation Commission		* Supervisorial district in which you reside: District 4
* If this board, council, committee or applying	commission calls for a speci	fic type of member, please indicate the position for which you are
Contact Information		
* First Name:	Middle Name:	* Last Name:
Danielle		Shea
* Address:	Residen	* Email:
* City:	* State:	* Zipcode:
Vacaville	Ca	95687
* Home Phone:		* Cell Phone:
	Busine	ess Address
* Address: 355 N Almond St.		* Email: dshea@dixonmontessori.org
* City:	* State:	* Zipcode:
Dixon	Ca	95620
	<u> </u>	
* Business Phone: 707-678-8953 ext 166		* Alternate Phone:

District & Meeting

* Will you be available to attend board/council/committee/commission meetings regularly? X Yes No				
Memberships in Other Organizations				
Organization 1				
* Name: Vacaville People's Forum		* Address: PO Box 23		
* City: Vacaville	* State: Ca		* Zipcode: 95696	
Organization 2				
Name:		Address:		
City:	State:		Zipcode:	
Organization 3				
Name:		Address:		
City:	State:		Zipcode:	
<u> </u>				

Employment & Educational History

* Please provide a brief description of your employment & educational history: I have a BS in Special Education, a MS in Educational Leadership, & have worked in education for 11 years. I am currently the Student Services Administrator at Dixon Montessori Charter School.

Please list a minimum of 3 professional references:

* Name:	* Email:	* Phone:	
Aisha Gutierrez			
Mary Vasquez			
Brooke Fox			

General Information

- * As a member of this board/council/committee/commission, what might you hope to achieve? If appointed, I hope to ensure that Solano County's parks and programs are more accessible to all, and to promote the consideration of community voices in the decisions that shape our public spaces.
- * As a member of this board/council/committee/commission, what do you think you might contribute to help it fulfill its missions and goals? I think my strengths in educating diversely-abled students, raising four young boys, and serving the community gives me a well-rounded perspective to help create parks and programs that are accessible, inclusive, and responsive to the needs of all Solano County residents.

Important Information

- This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
- All members are required to take the following training: 1) The Brown Act and 2) State Ethics Training Course as maybe required by AB 1234.
- Members of boards, councils, commissions and committees may be required to file a Statement of Economic Interest Form also known as a Form 700.
- Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
- Meeting dates and times are subject to change and may occur multiple days per month.
- Some boards, councils, commissions or committees may assign members to subcommittees or work groups which may require an additional commitment of time.

X	I CERTIFY that I have read and understand the information above, and that the statements made by me in this		
	application are true, complete, and correct to the best of my knowledge and belief. I acknowledge and understand that		
	all information in this application is publicly accessible. I understand and agree that misstatements/omissions of materia		
	fact may cause forfeiture of my rights to serve on a Board, Council, Commission or Committee in Solano County.		

By typing your name here, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

* Applicant Signature:	* Date:
Danielle Shea	6/19/25