



Contra
Costa
County

For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

** No changes*

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:

Contra Costa County Commission for Women *At Large*

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Gonzalez Liliana Palafox
(Last Name) (First Name) (Middle Name)

2. Address: Napa CA 94559
(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) _____	_____	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) _____	_____	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) _____	_____	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Other schools / training completed: _____	Course Studied _____	Hours Completed _____	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			



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Contra Costa Commission for Women

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Gonzalez Liliana Palafox
(Last Name) (First Name) (Middle Name)

2. Address: Napa CA 94559
(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: Master of Arts

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Mills College	Research Psychology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	8		B.A.	May 2012
B) Mills College	Infant Mental Health	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	2		M.A.	May 2013
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	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 March 2014 Present Total: Yrs. Mos. 12 Hrs. per week 40-45 . Volunteer <input type="checkbox"/></p>	<p>Title Home-based Program Coordinator Employer's Name and Address Cesar Chavez Head Start The Unity Council 1187 Meadow Ln. Concord, Ca., 94520</p>	<p>Duties Performed Supervise and coach a team of five female home visitors providing one on one coaching, support, and training. Create, implement, and facilitate parent meetings/trainings to support active parenting. training home visitors in working with mothers in supporting their personal and professional development.</p>
<p>B) Dates (Month, Day, Year) From To July 2013 Feb. 2014 Total: Yrs. Mos. 9 Hrs. per week 8 . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Home-Visitor/Family Advocate Employer's Name and Address Cesar Chavez Head Start The Unity Council 1187 Meadow Ln. Concord, Ca., 94520</p>	<p>Duties Performed • Promote and support the growth and development of 12 infants and their families through weekly visits and a play groups for infants. • Work primarily with</p>
<p>C) Dates (Month, Day, Year) From To Aug. 2012 May 2013 Total: Yrs. Mos. 10 Hrs. per week 8 . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Infant Mental Health Intern Employer's Name and Address Early Intervention Intern Epiphany Center, San Francisco, CA.</p>	<p>Duties Performed * Developed, implemented and facilitated the Play/Art Therapy curriculum and taught the Nurturing Skills for Healthy Families curriculum on infant development and parenting for 10 women twice a week. *Facilitated a Spanish Speaking support group for 4-10 mothers once a month. *Provided consultation for caregivers.</p>
<p>D) Dates (Month, Day, Year) From To Aug. 2009 May 2013 Total: Yrs. Mos. 32 Hrs. per week 24/7 . Volunteer <input type="checkbox"/></p>	<p>Title Resident Assistant Employer's Name and Address Office of Residential Life Mills College 5000 MacArthur Blvd. Oakland Ca. 94613</p>	<p>Duties Performed Fostered a sense of belonging and community among a residence hall of 45 female residents. Presented and enforced campus policy ensure a safe and positive community for students while facilitating discussions on issues regarding gender, class, race, sexuality, disability, dynamics of power & privilege, and more.</p>

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: 2/16/16

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.



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

[Empty box for Board/Committee/Commission Name]

[Empty box for Seat Title]

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Hynes Julianna
(Last Name) (First Name) (Middle Name)

2. Address: _____ Pittsburg CA 94565
(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 [Empty box]

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



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

Contra Costa Commission for Women
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

8
PRINT EXACT SEAT NAME (if applicable)

1. Name: Hynes, Julianna King
(Last Name) (First Name) (Middle Name)

2. Address: , Pittsburg, CA 94565
(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 PhD

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Alliant International University	Organizational Psychology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>				PhD
B) JFK University	Consulting Psychology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>				MA
C) UC Davis	Psychology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>				BS
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

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<p>A) Dates (Month, Day, Year) <u>From</u> <u>To</u> 2003 Present Total: <u>Yrs.</u> <u>Mos.</u> 10 Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title Principal Employer's Name and Address Julianna Hynes & Associates</p>	<p>Duties Performed Consultant - Strategic Planning, Executive Coaching</p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> 2003 Present Total: <u>Yrs.</u> <u>Mos.</u> Hrs. per week <u>10</u> . Volunteer <input type="checkbox"/></p>	<p>Title Faculty Employer's Name and Address University of Phoenix</p>	<p>Duties Performed Instructor</p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> 2005 Present Total: <u>Yrs.</u> <u>Mos.</u> Hrs. per week <u>20</u> . Volunteer <input type="checkbox"/></p>	<p>Title Executive Coach Employer's Name and Address Lee Hecht Harrison</p>	<p>Duties Performed Coaching of Executives, Leadership Development, Career Transition Coach</p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> 2000 2003 Total: <u>Yrs.</u> <u>Mos.</u> Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title Jack in the Box Corporation Employer's Name and Address Training and Development Specialists</p>	<p>Duties Performed Facilitate Training Classes</p>

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other

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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:

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