

Application Form

Profile

Which Boards would you like to apply for?

Contra Costa Council on Homelessness: Submitted

Behavioral Health

Seat Name (if applicable)

This application is used for all boards and commissions

Miguel

First Name

K

Middle Initial

Hidalgo-Barnes

Last Name

[REDACTED]

Email Address

[REDACTED]

Home Address

[REDACTED]

Suite or Apt

Richmond

City

CA

State

94806

Postal Code

[REDACTED]

Primary Phone

Hume Center

Employer

Program Manager

Job Title

Psychologist

Occupation

Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

☐ Yes ☒ No

Is a member of your family (or step-family) employed by Contra Costa Co.?

☐ Yes ☒ No

Education History

Select the highest level of education you have received:

☒ Other

Doctorate

If "Other" was Selected Give Highest Grade or
Educational Level Achieved

College/ University A

UCSC

Name of College Attended

Psychology

Course of Study / Major

Enough

Units Completed

Type of Units Completed

☒ Semester

Degree Awarded?

☒ Yes ☐ No

BA

Degree Type

2003

Date Degree Awarded

College/ University B

Pacific University

Name of College Attended

Clinical Psychology

Course of Study / Major

Enough

Units Completed

Type of Units Completed

☒ Quarter

Degree Awarded?

☒ Yes ☐ No

PsyD

Degree Type

9/31/2010

Date Degree Awarded

College/ University C

Miguel

Name of College Attended

Course of Study / Major

Units Completed

Type of Units Completed

None Selected

Degree Awarded?

☐ Yes ☐ No

Degree Type

Date Degree Awarded

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

☐ Yes ☐ No

Work History

Please provide information on your last three positions, including your current one if you are working.

1st (Most Recent)

10/2009-Current

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

Volunteer Work?

☐ Yes ☒ No

Program Manager

Position Title

Employer's Name and Address

Portia Bell Hume Center 3095 Richmond PkWy #201

Duties Performed

Psychologist

2nd

Dates (Month, Day, Year) From - To

Hours per Week Worked?

Volunteer Work?

☐ Yes ☐ No

Position Title

Employer's Name and Address

Duties Performed

3rd

Dates (Month, Day, Year) From - To

Hours per Week Worked?

Volunteer Work?

☐ Yes ☐ No

Position Title

Employer's Name and Address

Duties Performed

Final Questions

How did you learn about this vacancy?

☒ Other

Sitting Member

If "Other" was selected please explain

. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

☐ 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 relations?

☒ Yes ☐ No

If Yes, please identify the nature of the relationship:

Hume Center has county grants and I work there.