

Application Form

Profile

Dr. Michelle

First Name

R.

Middle Initial

Hernandez

Last Name

[REDACTED]

Home Address

[REDACTED]

Suite or Apt

Concord

City

CA

State

94521

Postal Code

Mobile: (925) 759-8610

Primary Phone

mihernandez11@gmail.com

Email Address

Which supervisorial district do you live in?

District 4

Education

Select the option that applies to your high school education *

CA High School Proficiency Certificate

College/ University A

Name of College Attended

Alliant International University

Degree Type / Course of Study / Major

PhD Clinical Psychology

Degree Awarded?

Yes No

College/ University B

Name of College Attended

CSU EAST BAY

Degree Type / Course of Study / Major

BS CRIMINAL JUSTICE ADMINISTRATION

Degree Awarded?

Yes No

College/ University C

Name of College Attended

UC DAVIS

Degree Type / Course of Study / Major

BA Psychology

Degree Awarded?

Yes No

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

Yes No

Board and Interest

Which Boards would you like to apply for?

Advisory Council on Aging: Submitted
Mental Health Commission: Submitted
Workforce Development Board: Submitted
Racial Justice Oversight Body: Submitted

Seat Name

Mental Health Commission

Have you ever attended a meeting of the advisory board for which you are applying?

Yes No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, committee, or commission.

As a mental health professional it is essential that the services within our community be representative of our demographics, culture, and inclusiveness .

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

Yes No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

Yes No

List any volunteer or community experience, including any advisory boards on which you have served.

IHSS Public Authority Advisory Committee

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

Dr. Michelle Hernández

[May 20 RESUME.docx](#)

Upload a Resume

Conflict of Interest and Certification

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:

Please Agree with the Following Statement

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 publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

I Agree