

Application Form

Profile

Allyson

First Name

J

Middle Initial

Mayo

Last Name

Home Address

Walnut Creek

City

Suite or Apt

CA

State

94598

Postal Code

Mobile: (

Primary Phone

Email Address

Which supervisorial district do you live in?

District 4

Education

Select the option that applies to your high school education *

High School Diploma

College/ University A

Name of College Attended

Arizona State University

Degree Type / Course of Study / Major

Doctor of Behavioral Health

Degree Awarded?

Yes No

College/ University B

Name of College Attended

University of San Francisco

Degree Type / Course of Study / Major

MS Behavioral Health

Degree Awarded?

Yes No

College/ University C

Name of College Attended

University of San Francisco

Degree Type / Course of Study / Major

B Business Administration

Degree Awarded?

Yes No

Other schools / training completed:

Course Studied

Alcohol and Other Drugs

Hours Completed

2000

Certificate Awarded?

Yes No

Board and Interest

Which Boards would you like to apply for?

Family & Children's Trust Committee: Submitted

Seat Name

Mental Health

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?

20

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

Currently on this board and seeking to re-apply

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.

FACT Seat for Mental Health

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

Deep and dynamic working knowledge of Adverse Childhood Experiences, Trauma Informed Practice/Care, and Addiction Medicine. Well positioned to provide collaboration efforts for the FACT mission and vision.

[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

Allyson J Mayo

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