



Please return completed applications to:

Clerk of the Board of Supervisors 1025 Escobar Street, 1st Floor Martinez, CA 94553

or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

| First Name | Middle Initial Last Name | |
|---|--|---|
| Carol | Carrillo | |
| Home Address - Street | City | State Postal Code |
| | Benicia | Ca 94510 |
| Primary Phone (best number to reach you | Email Address | |
| | | |
| Resident of Supervisorial District (if out of | County, please enter N/A): | District Locator Tool |
| Do you work in Contra Costa County? | Yes No If Yes, in which District do | you work? |
| Current Employer | Job Title | Length of Employment |
| Child Abuse Prevention Council | Executive Director | 26 years |
| How long have you lived or worked in Con | itra Costa County? | |
| Board, Committee, or Commission | Seat Name | |
| FACT | Advisory | |
| | | |
| Have you ever attended a meeting of the | | ng? |
| Pease check one: Yes | ☐ No If Yes, how many? | |
| | | |
| EDUCATION | | |
| EDUCATION Check appropriate how if your passes and | af the fallowing. | |
| Check appropriate box if you possess one | of the following: A High School Proficiency Certificate | ☐ G.E.D. Certificate |
| Check appropriate box if you possess one of the High School Diploma | A High School Proficiency Certificate | |
| Check appropriate box if you possess one of the High School Diploma ☐ CA Colleges or Universities Attended | | Degree Awarded |
| Check appropriate box if you possess one of the High School Diploma | A High School Proficiency Certificate Degree Type/ Course of Study/Major | Degree Awarded V Yes No |
| Check appropriate box if you possess one of the High School Diploma ☐ CA Colleges or Universities Attended | A High School Proficiency Certificate Degree Type/ Course of Study/Major | Degree Awarded ✓ Yes |
| Check appropriate box if you possess one of the High School Diploma ☐ CA Colleges or Universities Attended | A High School Proficiency Certificate Degree Type/ Course of Study/Major | Degree Awarded V Yes No |
| Check appropriate box if you possess one of the High School Diploma CA Colleges or Universities Attended Washington University in St, Louis | A High School Proficiency Certificate Degree Type/ Course of Study/Major | Degree Awarded ✓ Yes |
| Check appropriate box if you possess one of the High School Diploma CA Colleges or Universities Attended Washington University in St, Louis Occupational Licenses Completed: | A High School Proficiency Certificate Degree Type/ Course of Study/Major | Degree Awarded Yes No Yes No Yes No Certificate Awarded for Training? |
| Check appropriate box if you possess one of the High School Diploma CA Colleges or Universities Attended Washington University in St, Louis | A High School Proficiency Certificate Degree Type/ Course of Study/Major | Degree Awarded Yes No Yes No Yes No Certificate Awarded for Training? Yes No |
| Check appropriate box if you possess one of the High School Diploma CA Colleges or Universities Attended Washington University in St, Louis Occupational Licenses Completed: | A High School Proficiency Certificate Degree Type/ Course of Study/Major | Degree Awarded Yes No Yes No Yes No Certificate Awarded for Training? Yes No |
| Check appropriate box if you possess one of the High School Diploma | Degree Type/ Course of Study/Major MSW | Degree Awarded Yes No One Yes No No No No No No |
| Check appropriate box if you possess one of this High School Diploma | Degree Type/ Course of Study/Major MSW | Degree Awarded Yes No One No |
| Check appropriate box if you possess one of the High School Diploma | Degree Type/ Course of Study/Major MSW | Degree Awarded Yes No One No |
| Check appropriate box if you possess one of this High School Diploma | Degree Type/ Course of Study/Major MSW | Degree Awarded Yes No One No |
| Check appropriate box if you possess one of this High School Diploma | Degree Type/ Course of Study/Major MSW Fect your attendance at scheduled meeti | Degree Awarded Yes No Yes No Yes No Certificate Awarded for Training? Yes No Yes No Yes No Yes No |
| Check appropriate box if you possess one of the High School Diploma | Degree Type/ Course of Study/Major MSW Fect your attendance at scheduled meeti Intment to other advisory bodies for which | Degree Awarded Yes No Yes No Yes No Certificate Awarded for Training? Yes No Yes No Yes No Yes No |

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| Plea | se explain why you would like to serve on this particular board, committee, or commission. |
|------|---|
| l se | erve on this committee to educate the members on best practice child abuse prevention ograms in our county. I am able to educate the members about the importance of prevention d focus on current and emerging issue in the field. |
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| Des | cribe your qualifications for this appointment. (NOTE: you may also include a copy of your resume). |
| | ave led the Child Abuse Prevention Council for 26 years and have foused our |
| and | grams/services on prevention and early intervention. We work closely with CFS, schools d CBO's to strengthen famileis and keep kids safe. We advocate for the best interest of ldren and families in our community. |
| Citi | dien and families in our community. |
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| | |
| | including my resume with this application: |
| arr | Please check one: Ves No |
| | Ficase clieck offe. |
| re v | ou currently or have you ever been appointed to a Contra Costa County advisory board? |
| | Please check one: |
| | If Yes, please list the Contra Costa County advisory board(s) on which you are currently serving: |
| | |
| | If Yes, please also list the Contra Costa County advisory board(s) on which you have previously served: |
| | |
| | |
| st a | ny volunteer and community experience, including any boards on which you have served. |
| | |
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| | |
| | |
| | u have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships under the "Important Information" section on page 3 of this application or Resolution No. 2021/234). |
| | Please check one: Yes No |
| | If Yes, please identify the nature of the relationship: |
| yo | u have any financial relationships with the county, such as grants, contracts, or other economic relationships? |
| | |
| | Please check one: Yes V No |

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 and agree that misstatements and/or ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

| | 1 | | 1 | | | |
|---------|---|------|---|----|-------|----------|
| Signed: | 1 | 'anw | / | an | Date: | 5-1-2625 |

Submit this application to: ClerkofTheBoard@cob.cccounty.us OR Clerk of the Board
1025 Escobar Street, 1st Floor
Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 655-2000 or by email at ClerkofTheBoard@cob.cccounty.us

Important Information

- 1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
- 2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
- 3. Members of certain 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.
- 4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
- 5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
- 6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
- 7. As indicated in Board Resolution 2021/234, a person will not be eligible for appointment if he/she is related to a Board of Supervisors' member in any of the following relationships: (1) Mother, father, son, and daughter; (2) Brother, sister, grandmother, grandfather, grandson, and granddaughter; (3) Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter; (4) Registered domestic partner, pursuant to California Family Code section 297; (5) The relatives, as defined in 1 and 2 above, for a registered domestic partner; (6) Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

RESUME

Carol Carrillo, MSW
Benicia, California 94510

Summary of Professional Experience.

Social Worker with over 30 years of experience in providing management and direct services in non-profit child welfare programs

Children's Home Society of California, Los Angeles and Oakland offices - 1986-1992 Foster Care Program Supervisor

Provided program development, evaluation, recruitment, training, certification, case management, and treatment services. Developed family preservation (home visiting) program. Hired and supervised professional staff.

Program Supervisor, 1992-1999 - San Francisco Court Appointed Special Advocates (SFCASA) and Contra Costa Court Appointed Special Advocates (CASA)

Child Welfare Advocacy-Provided recruitment, training, case management and supervision of volunteers providing advocacy service to children and families involved in the dependency court/reunification process. Hired and supervised professional staff. Managed a caseload of 100 advocates.

Executive Director, Child Abuse Prevention Council of Contra Costa County (CAPC) 1999- Present

Responsible for managing all aspects of the non- profit agency, including program development and evaluation, operational and personnel management, Board of Directors relations, budget planning and oversight, community outreach, interagency coordination, public relations and fundraising. Increased the agency budget to over 2 million dollars to expand programs using the Protective Factors Framework and with a Diversity, Equity and Inclusion lens. Manage two grants from the State Office of Child Abuse Prevention (OCAP) to coordinate the child abuse prevention work across the 10 Bay Area counties. Working on a Contra Costa county wide Child Abuse Prevention Plan to improve the social determinants of health for our families and communities.

Educational Background

December 1992 - Post Graduate Certificate in Human Service Administration San Francisco State University

August 1984 - Master's Degree in Social Work, George Warren Brown School of Social Work, Washington University, St. Louis Missouri

Volunteer Experience

1992 Newborn Connections Home Visiting Program

1996 Board of Directors Child Abuse Prevention Council Elected to the NASW Delegate Assembly worked on the "Code of Ethics" document

October 2024 was awarded the Lifetime Achievement Award from the National Association of Social Workers(NASW) California Chapter.

Professional Affiliation:

National Association of Social Workers, California Chapter.