

Application Form

Profile**First Name:** Angella E.**Last Name:** Silhuana Velasquez**Email Address:** [REDACTED]**Primary Phone:**

Home: [REDACTED]

Alternate Phone:

Home: [REDACTED]

Home Address: [REDACTED]**What Supervisory District do you live in? ***

 District 1 Supervisor Rebecca Hermosillo**Which Boards would you like to apply for?**

Child Care and Children's Health Community Advisory Council of Sonoma County: Submitted

Please describe your relevant experience/expertise that you believe would make you a valuable member of this body.

I am a daycare provider. I see first hand needs in my community and support families in sonoma county. As a child provider I can see how many families are struggling to get the right support through this difficult times. Unprecedented fear, stress and economic hardships are having a mental health impact in families and even in providers.

Interests & Experiences**What interests you most about this agency? What skills or experience would you bring to best support the work of this agency?**

I would like to provide solutions, alternatives, and reasons why my county and the place I live is still a great place to leave, and I can weigh my opinions and fundamentals and see if my experience can reshape the way we live in my county.

Please Agree with the Following Statement

You agree that the following information provided above is truthful.

I Agree

Demographics

Gender

Female

Ethnicity (optional)

hispanic Peruvian american

Occupation

daycare provider

Highest Level of Education. Select one of the following *

Associate degree

Primary Language

english and spanish

Experience

Please list two local references below. Please provide their phone number and email address below:

[REDACTED]

Community Service Experience

Salhuana Family Daycare Self employeed 4 years.

Education

Santa Rosa Junior college Early Childhood education Teacher Aid and Teacher Certification

Employment

Salhuana Family daycare 825 Burbank Avenue Santa Rosa CA 95407

Commitment

Application Form

Profile**First Name:** Pamela**Last Name:** Cullum**Email Address:** [REDACTED]**Primary Phone:**

Home: [REDACTED]

Alternate Phone: N/A**Home Address:** [REDACTED]**What Supervisory District do you live in? ***

 District 5 Supervisor Lynda Hopkins**Which Boards would you like to apply for?**

Child Care and Children's Health Community Advisory Council of Sonoma County: Submitted

Please describe your relevant experience/expertise that you believe would make you a valuable member of this body.

I am an Indigenous, African American who would provide input, share insights, and collaborate with fellow community members to make a positive impact on the lives of children and families. I am also the Director of Community Outreach and Engagement for the Sonoma HEALS Program. I am a Certified Full Spectrum Doula Provider servicing Sonoma, Solano, Marin, Sacramento and San Mateo Counties.

Interests & Experiences**What interests you most about this agency? What skills or experience would you bring to best support the work of this agency?**

I believe that we need a strong team of like-minded individuals who have the best interest of Sonoma maternal/infant/child health care issues and disparities in the forefront of legislation and policies, to help prevent and improve maternal and infant deaths. I am a Diversified Registered Nurse with 40+ years of experience in the medical field indebted to improve overall community health disparities

[REDACTED]
Upload a Resume

Please Agree with the Following Statement**You agree that the following information provided above is truthful.**

I Agree

Demographics

Gender

Female

Ethnicity (optional)

Indigenous/Black

Occupation

Director of Community Outreach Engagement

Highest Level of Education. Select one of the following *

College/University degree

Primary Language

English

Experience

Please list two local references below. Please provide their phone number and email address below:

[REDACTED]

Community Service Experience

Sonoma HEALS Program - Director of Community Outreach and Engagement Certified Full Spectrum Doula Diversified Registered Nurse

Education

University of South Carolina - Columbia BScN, RN, CMM, CFSD,

Employment

Sonoma Health Director of Community Outreach and Engagement to promote equity and healthy outcomes for African American/Black babies and their families by expanding the Solano HEALs (Health Equity for African American/Black Lives) collaborative and providing community-based training of Doulas to center the specific needs of African American/Black birthing families in Sonoma County.

Commitment

Application Form

Profile

First Name: Karen S.

Last Name: Sosa

Email Address: [REDACTED]

Primary Phone: Business [REDACTED]

Alternate Phone: N/A

Home Address: [REDACTED]

What Supervisory District do you live in? *

District 1 Supervisor Rebecca hermosillo

Which Boards would you like to apply for?

Child Care and Children's Health Community Advisory Council of Sonoma County: Submitted

Please describe your relevant experience/expertise that you believe would make you a valuable member of this body.

is very grad love it.

Interests & Experiences

What interests you most about this agency? What skills or experience would you bring to best support the work of this agency?

all

Please Agree with the Following Statement

You agree that the following information provided above is truthful.

I Agree

Demographics

Gender

Female

Ethnicity (optional)

Occupation

day care

Highest Level of Education. Select one of the following *

College/University degree

Primary Language

English/spanish

Experience

Please list two local references below. Please provide their phone number and email address below:

██████████

Community Service Experience

daycare

Education

teacher

Employment

Commitment

Application Form

Profile**First Name:** Cheryl A.**Last Name:** Fox**Email Address:** [REDACTED]**Primary Phone:** [REDACTED]**Alternate Phone:** N/A**Home Address:** [REDACTED]**What Supervisory District do you live in? ***

 District 4 Supervisor James Gore**Which Boards would you like to apply for?**

Child Care and Children's Health Community Advisory Council of Sonoma County: Submitted

Please describe your relevant experience/expertise that you believe would make you a valuable member of this body.

Registered Nurse with pediatric and maternal-child backgrounds. Currently a Senior Advisor/ Founder at Fox Pacific Academy, guiding individuals towards healthcare careers. Owner of Fox Home Health, providing Maternal Child care through the R2R program. Other programs through Fox Home Health include care services for elders in their home or alternative living environments.

Interests & Experiences**What interests you most about this agency? What skills or experience would you bring to best support the work of this agency?**

Program development and implementation. Community connections to assist with funding and community resources to extend dollars and longevity of programs.

[CAFCV.doc](#)

Upload a Resume

Please Agree with the Following Statement**You agree that the following information provided above is truthful.**

I Agree

Demographics

Gender

Female

Ethnicity (optional)

caucasian

Occupation

Registered Nurse

Highest Level of Education. Select one of the following *

College/University degree

Primary Language

English

Experience

Please list two local references below. Please provide their phone number and email address below:

Community Service Experience

Sonoma County Department of Public Health Instrumental in assisting SoCo PH to mitigate Covid-19 during 2020-2021 pandemic leading my team to give over 60,000 vaccines and 40,000 tests in both clinic and home settings

Education

University of New York ADN Nursing 1986

Employment

Owner Fox Home Health President/CEO 1400 North Dutton Avenue #20 Santa Rosa, Calif. 95401

Commitment

Application Form

Profile**First Name:** Kimberly L.**Last Name:** Overshiner**Email Address:** [REDACTED]**Primary Phone:**

Mobile: [REDACTED]

Alternate Phone: N/A**Home Address:** [REDACTED]**What Supervisory District do you live in? ***

 District 3 Supervisor Chris Coursey**Which Boards would you like to apply for?**

Child Care and Children's Health Community Advisory Council of Sonoma County: Submitted

Please describe your relevant experience/expertise that you believe would make you a valuable member of this body.

I am a licensed family child care provider and owner of Overshiner Family Daycare in Santa Rosa. Through my daily work caring for infants and young children, I work closely with families and see firsthand the challenges they face in accessing affordable, high-quality childcare. As a small business owner and early childhood educator, I also understand the challenges providers face in sustaining programs, accessing resources, and maintaining quality care. I am passionate about strengthening the early childhood system in Sonoma County and ensuring family child care providers are represented in conversations about policy, access, and funding. I would bring a practical, community based perspective to help support children, families, and providers.

Interests & Experiences**What interests you most about this agency? What skills or experience would you bring to best support the work of this agency?**

My interest in this council comes from my commitment to supporting children and families in Sonoma County. As a family child care provider, I see how critical early childhood services, health supports, and accessible childcare are to the wellbeing of families and the stability of our community. I am particularly interested in how Measure I funding can strengthen childcare access, support providers, and improve outcomes for young children. I bring hands-on experience working with families every day, along with a collaborative approach and a strong understanding of the needs of both providers and parents. I would be honored to contribute my perspective and help ensure these programs truly support the children and families they are designed to serve.

[Kimberly Overshiner Resume](#) 

Upload a Resume

Please Agree with the Following Statement

You agree that the following information provided above is truthful.

I Agree

Demographics

Gender

Female

Ethnicity (optional)

White

Occupation

Owner Family Childcare

Highest Level of Education. Select one of the following *

High school diploma or GED

Primary Language

English

Experience

Please list two local references below. Please provide their phone number and email address below:


Community Service Experience

N/A

Education

Montgomery High School graduated 1991 Santa Rosa Junior College Child Psychology 1991-1995 Santa Rosa Junior College Child Development 2018-2021

Employment

Overshiner Family Daycare 2004-current Sole owner/operator of business.

Commitment

Application Form

Profile**First Name:** Jeff**Last Name:** Miller**Email Address:** [REDACTED]**Primary Phone:**

Home: [REDACTED]

Alternate Phone: N/A**Home Address:** [REDACTED]**What Supervisory District do you live in? ***

 District 4 Supervisor James Gore**Which Boards would you like to apply for?**

Child Care and Children's Health Community Advisory Council of Sonoma County: Submitted

Please describe your relevant experience/expertise that you believe would make you a valuable member of this body.

35 years in general pediatric practice. Have served on multiple nonprofit boards supporting children and families including currently the Child Parent Institute. Nine year tenure on the First 5 Commission. Long-term member of the Sonoma County Maternal Child Adolescent Health Advisory Board.

Interests & Experiences**What interests you most about this agency? What skills or experience would you bring to best support the work of this agency?**

The ability to support children and families to ensure they have the opportunity for a productive and fulfilling life. My pediatric medical experience and knowledge, experience networking and leading multiple child and family nonprofit boards in the county, knowledge of Sonoma County health and human services through experience and leadership of the Sonoma county maternal child adolescent health advisory board, would support the work of this agency.

Please Agree with the Following Statement

You agree that the following information provided above is truthful.

I Agree

Demographics

Gender

Male

Ethnicity (optional)

Occupation

pediatrican not clinically active

Highest Level of Education. Select one of the following *

Graduate degree

Primary Language

English

Experience

Please list two local references below. Please provide their phone number and email address below:

[REDACTED]

Community Service Experience

Maternal, Child Adolescent Health Advisory Board, member and term as Chair, 2009 to present First 5 Commission, member 9 years Child Parent Institute Board, 1980-90 member and President, 2023-present, currently Secretary CARE Children's Counseling Center, member and President 1992-8 Sonoma County Dental Health Network 2009 to present iDo 26.2 Advisory Board (a program of NCal Center for Well Being encouraging children to exercise), 2016 to present

Education

UC Santa Cruz, AB Biology with honors UC Davis, MD Kaiser Foundation Hospital, Pediatric Residency including Chief Residency.

Employment

Permanente Medical Group, San Francisco, San Rafael, 1980 Santa Rosa, General Pediatrician and Chief of Pediatrics 1980-2009 Chief of Health Education 2002-2008 Chair of Northern California Chiefs of Pediatrics 2006-8 Volunteer Pediatrician, Roseland Pediatrics 2003-2014

Commitment