Commissioner Application

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]

(Please check which phone number is best to contact you.)

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW LONG HAVE YOU RESIDED IN SONOMA COUNTY? \_\_\_\_\_\_\_\_\_\_\_

PRESENT OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATIONAL BACKGROUND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CIVIC ACTIVITIES (Please include any present or past membership on County or City boards, committees, as well as participation in the activities of community groups or organizations.):

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WHY ARE YOU SEEKING THIS APPOINTMENT? (Please include in your response any qualifications/special interests related to this position which may not have been covered.

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HAVE YOU WORKED WITH OR ADVOCATED ON BEHALF OF YOUTH? IF SO, PLEASE DESCRIBE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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REFERENCES: Please give the names and phone numbers of at least two people who can speak about your qualifications to serve as a member of this commission.

 Name Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you learn about applying for a Commissioner position?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature below confirms your agreement to submit to a "LiveScan" (fingerprint) process to confirm no past felonies or misdemeanors relating to the applicant who will work with juveniles in the Juvenile Justice System.

***Appointees will be required to take an Oath of Office***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

PLEASE COMPLETE AND RETURN TO:

Sonoma County Juvenile Justice Commission

P.O. Box 358

Santa Rosa, CA 95402