

**CONFIDENTIAL APPLICATION
JUVENILE JUSTICE COMMISSION**

Name: _____
Last
First
Middle

Address: _____
Street
City
State/Zip Code

Telephone: _____
Home
Work
Other (Explain)

DOB: / / _____
Drivers License No.
Social Security Number

Employed: Yes No _____
Place of Employment

Student: Yes No _____
School Presently Attending

Grade Level: _____ Major: _____

REFERENCES: (Please provide at least three.)

Name	Address	Telephone	Relationship

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Are you available for Commission meetings the first Wednesday of each month 3:00p.m. – 5:00p.m.?

Yes No

Please provide a brief statement explaining why you are interested in becoming a Commission member:

I hereby agree that, if appointed, I will submit to a Live Scan, attend Commission meetings regularly and participate in the performance of the Commission's duties and responsibilities as outlined in the bylaws and in State law, pursuant to Welfare & Institutions Code section 233.

If appointed, I understand that I will be deemed to have resigned my Commission if I am absent from three (3) consecutive meetings without excuse, or absent for any reason from five (5) such meetings in any six-month period. I understand that my Commission will be for a term of four years from my date of appointment.

Signature of Applicant: _____ Date: _____