

**CONFIDENTIAL APPLICATION  
YOUTH JUVENILE JUSTICE COMMISSIONER**

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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| Name | Address | Telephone | Relationship |
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| Name | Address | Telephone | Relationship |
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| Name | Address | Telephone | Relationship |
|------|---------|-----------|--------------|
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|      |         |           |              |

Are you available for Commission meetings the 1st Wednesday and the 3rd Monday of each month

from 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: \_\_\_\_\_