SUPPLEMENTAL APPLICATION

Nam	ne: MI: Last Name:				
Hom	ne Number: Cell Number:				
Ema	il:				
Eme	ergency Contact and phone number:				
Are	you employed? Yes or No. If yes, please provide the following information.				
	Company Name:				
	Job Title: How many years w/ company:				
Writ	te or circle the appropriate response to the following questions				
1.	 Are you willing to pass a background check through the National Instant Criminal System (NICS)? Yes or No 				
2.	Are you an elected member of any community, local, state or regional entity? Yes or No				
	If yes, list organization(s), position(s) and duration served:				
	1				
	2				
	3				
	4				
3.	Are you willing to commit to a 4-year term as a commissioner? Yes or No				
4.	Are you willing to attend two 2-hour standing meetings per month? Yes or No				
5.	Is your schedule flexible enough where you can commit 5 to 10 additional hours for meetings and/				
	or commission work beyond the standing meetings? Yes or No				
6.	Are you willing to engage and take on tasks/duties as needed, both short and long-term, to further				
_	the Commission's work? Yes or No				
7.	Do you have reliable and dependable means of transportation? Yes or No				
8.	How did you learn about Juvenile Justice Commission?				

9. What is your understanding of the function and purpose of the Juvenile Justice Commission?

Do you have an established local, state and/or regional level audience?
 Yes or No? If yes, please list (i.e. groups, association or publication with which you communicate or contribute frequently?).

11. How can the Commission benefit from having you as a member?

12. What specific skill sets do you possess (i.e. grant writing, accounting, knowledge of Juvenile Law, social media management, etc.) and years of experience in each area?

1.		
2.		
3.		
4.		
5.		
6.		

13. Is there anything else you would like the Commission to know about you?