

Application for County of San Luis Obispo Delinquency Prevention Commission Juvenile Justice Commission

By completing this application, you are consenting to be a prospective member of the Delinquency Prevention Commission and the Juvenile Justice Commission. The process consists of a review of your completed application, your participation in an orientavtion and a preliminary interview. Selected applicants will be invited to proceed with a secondary interview, if necessary. Your responses to the questions on this application are confidential and will be given careful and thoughtful consideration by the current commissioners. Upon selection, you will be given the oath of office by the Juvenile Judge.

Please note: To be considered this application must be filled in completely.

PERSONAL	INFORMATION					
Name:	Last		- First		Middle	
Address:						
	Street – Apt / Uni	t#	City		Zip Code	
Phone:		1. \	- 			
	Home (include ar	ea code)	Cell		Work	
Email:						
The follow	ving information	is required fo	r tracking stati	stical data: (che	ck appropriate box)	
Age Range:	<u> </u>	22-25	<u>26-34</u>	35-44		
	45-54	<u></u> 55-64	65-74	75 and ov	er	
Gender:						
		Answer	Prefer to	self-describe	lf-describe	
Race/Ethn	i city: (you may s	elect more the	an one categor	y)		
	American Indian or Alaska Native					
	Black or African American				atino	
	☐ Native Hawaiian or other Pacific Islander ☐ White					
Decline to answer Other, please state:						

The Following Que	estion Is Required by	California Welfare	e and Institution	ns §225
Are you a Citizen of	the United States?	Yes	□No	
Additional Question application if need		ditional pages for y	our responses	to all the questions on this
Employment Statu	ıs: (check one) (Optio	nal; Attach a resun	ne or Curriculur	n Vitae)
Presently	esently Employed		etired Not Employed	
Current or Previou	s Employer(s):			
Name of Employer		Position Held		Date(s) of Employment
Educational Backg	round:			
Highest Grade Com	pleted:			
Degrees Held:				
Additional Service	:			
•	r have you ever been or Court or Court of S	•	oard, commissio	on, or committee of the San
If yes, please list the	e name and dates:			
Why do you want to	o serve on the Commi	ssion?		

What skills, knowledge, interests and contributions will you bring to	the Commission?
Other community service or organizational membership:	
Commission service is open to all qualified individuals. If you require physical condition (including, but not limited to, impaired hearing, e participate in the application, orientation, and interview process or such required accommodations in an attachment.	eyesight, or mobility) to enable you to
How did you learn about the Commission?	
Time Commitment:	
The Commission currently meets monthly, on the first Tuesday of each Meetings usually last 2 to 2-½ hours. In addition to the monthly meet to sit on a variety of interagency meetings that occur quarterly or modevote the required time and effort to the activities of the Commission.	etings commissioners maybe asked nonthly. If selected will you be able to
If No, please explain:	
I declare under penalty of perjury that the foregoing information	n is true and correct.
Signed	 Date