

APPLICATION FOR APPOINTMENT TO CALAVERAS COUNTY BOARDS AND COMMISSIONS

NAME (please print)	SUPERVISORIAL DISTRICT (reference: www.co.calaveras.ca.us)
MAILING ADDRESS	RESIDENCE ADDRESS
RESIDENCE TELEPHONE NUMBER	
BUSINESS TELEPHONE NUMBER	EMAIL ADDRESS

NAME OF BOARD OR COMMISSION FOR WHICH APPLICATION IS BEING MADE:

Prevent Child Abuse Council Calaveras

Prevent Child Abuse Council Welfare & Institutions Code 130140 Representation (please check one)		
<input type="checkbox"/> Representative of Calaveras Health & Human Services Agency	<input type="checkbox"/> Representative of Calaveras County Probation Department	
<input type="checkbox"/> Representative of Calaveras County Criminal Justice System including: <input type="checkbox"/> Sheriff Department <input type="checkbox"/> District Attorney's Office <input type="checkbox"/> Superior Court <input type="checkbox"/> Coroner's Office	<input type="checkbox"/> Representative of Prevention & Treatment Service Community including: <input type="checkbox"/> Medical and Mental Health Services <input type="checkbox"/> Community Based Social Services <input type="checkbox"/> Public & Private Schools	<input type="checkbox"/> Community Representatives including: <input type="checkbox"/> Parent/Foster Parent/Caregiver <input type="checkbox"/> Community volunteers <input type="checkbox"/> Civic Organizations <input type="checkbox"/> Faith-Based Community Representatives

Please state briefly your previous experience/background which you feel will be of benefit to your serving on this specific Board or Commission:

State briefly your reason for wanting to serve on this Board or Commission:

Other information you would like to submit:

Date:

Signature: _____

PLEASE RETURN TO: Clerk to the Board of Supervisors
 Administrative Office
 891 Mountain Ranch Road
 San Andreas, CA 95249
 Phone: 209-754-6025, FAX: 754-6316