

First 5 Yuba Advisory Committee Application For Membership



RETURN APPLICATION WITH ORIGINAL SIGNATURE TO:

FIRST 5 YUBA
ADVISORY COMMITTEE
1114 YUBA STREET, SUITE 141
MARYSVILLE, CA 95901
(530) 749-4877

APPLICANT NAME: _____

HOME ADDRESS: _____
Street, City, Zip

TELEPHONE: Home: _____ Mobile: _____

EMAIL ADDRESS: _____

AGENCY: _____ TITLE: _____

BUSINESS ADDRESS: _____
Street, City, Zip

BUSINESS TELEPHONE: Direct: _____ Office: _____

LIST PAST AND CURRENT PUBLIC POSITIONS HELD: _____

1. The First 5 Yuba Commission make appointments to the First 5 Yuba Advisory Committee. Membership will include parents and other member from diverse backgrounds who live or work in Yuba County or those who provide professional services to Yuba County residence. Members are to be drawn from each of the following categories described below. Please indicate which appointment category you are applying for.

a. Community/Public Agency Representative who work with young children, preferably children 0-5 and their families.

Priority area, please choose one: [] health [] education or [] family support

Organization _____

Location _____ Service Area _____

Target Population _____

b. Parent/Guardian/Provider who care for young children, preferably children 0-5 and their families.

Are you currently receiving child care? ___No ___Yes, please circle the type family/private/publicly funded

Name of Provider _____ City _____

2. Please describe any related organizations which you are currently involved that may support or enhance work with child 0-5 and their families: _____

3. Please describe the following items: Reason(s) to serve on this committee and qualifications/skills you would bring to the committee (you may include an letter in lieu of or in addition to).

4. Members are expected to attend quarterly meetings and participate in at least one subcommittee. Additional meetings may be scheduled for training and commission business. Are you able to commit to a regular participation, given this schedule? ___No ___Yes

DO YOU HAVE ANY CRIMINAL CONVICTION THAT MAY BE CONSIDERED A CONFLICT OF INTEREST WITH THE COMMITTEE YOU WISH TO SERVE UPON? ___NO___ YES

IF YES, PLEASE EXPLAIN. NOTE: THAT A FELONY CONVICTION SHALL PRECLUDE YOU FROM SERVICE.

I UNDERSTAND THAT IF APPOINTED TO A BOARD/COMMISSION/COMMITTEE AND WHAT MAY BE CONSIDERED A CONFLICT OF INTEREST ARISES, THAT I HAVE A DUTY TO GIVE WRITTEN NOTICE OF SUCH TO THE COUNTY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

Thank you for your interest.

Visit First 5 Yuba at www.first5yuba.org or join us on Facebook at www.facebook.com/first5yuba.

THIS SECTION FOR OFFICE USE ONLY

[] NO VACANCY CURRENTLY EXISTS ON THIS COMMITTEE, APPLICANT NOTIFIED.

[] APPLICANT APPOINTED:

[] OTHER: