



Sonoma County Juvenile Justice

Commission

P. O. Box 358
Santa Rosa, CA 95402
(707) 565-8164

Commissioner Application

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ [] CELL: _____ []
(Please check which phone number is best to contact you.)

EMAIL ADDRESS: _____

HOW LONG HAVE YOU RESIDED IN SONOMA COUNTY? _____

PRESENT OCCUPATION: _____

EDUCATIONAL BACKGROUND: _____

CIVIC ACTIVITIES (Please include any present or past membership on County or City boards, committees, as well as participation in the activities of community groups or organizations.):

WHY ARE YOU SEEKING THIS APPOINTMENT? (Please include in your response any qualifications/special interests related to this position which may not have been covered.

HAVE YOU WORKED WITH OR ADVOCATED ON BEHALF OF YOUTH?
IF SO, PLEASE DESCRIBE:

REFERENCES: Please give the names and phone numbers of at least two people who can speak about your qualifications to serve as a member of this commission.

Name	Phone
_____	_____
_____	_____

How did you learn about applying for a Commissioner position?

Your signature below confirms your agreement to submit to a "LiveScan" (fingerprint) process to confirm no past felonies or misdemeanors relating to the applicant who will work with juveniles in the Juvenile Justice System.

Appointees will be required to take an Oath of Office

_____ Signature	_____ Date
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PLEASE COMPLETE AND RETURN TO:

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