APPLICATION FOR COMMISSION

Special Requirements: APPLICATIONS WILL NOT BE CONSIDERED UNLESS APPLICANT:

1. HAS ATTENDED TWO (2) MEETINGS OF THE COMMISSION
2. IS A RESIDENT OF SAN MATEO COUNTY

Information provided on this application is public information and may be made available to other applicants, members of the press, or to the general public.

WOULD YOU BE ABLE TO ATTEND COMMISSION MEETINGS, WHICH ARE SCHEDULED THE LAST TUESDAY OF THE MONTH FROM 5:15 P.M. TO 7:15 P.M.? YES____ NO____

NAME:____________________________________ EMAIL:________________ PHONE:____________

STREET ADDRESS:________________________________________________________________________

ZIP CODE:___________CITY:________________________NEIGHBORHOOD:________________________

LENGTH OF RESIDENCE IN SAN MATEO COUNTY:__________

WHICH MEETINGS HAVE YOU ATTENDED?____________________________________________________

HOW DID YOU BECOME AWARE OF THE OPENING?____________________________________________

WHY ARE YOU SEEKING THIS APPOINTMENT?__________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

EDUCATIONAL BACKGROUND:________________________________________________________________
PROFESSIONAL EXPERIENCE:_____________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
EMPLOYER AND EMPLOYER’S ADDRESS:__________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
CIVIC ACTIVITIES (Please include present or past membership on boards, committees, and participation in the activities of community groups and organizations.):
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
WHAT STRENGTHS AND SKILLS WOULD YOU BRING TO THE COMMISSION? (Include languages.)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

HAVE YOU WORKED WITH OR ADVOCATED FOR YOUTH? (Please describe.)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

DO YOU OR HAVE YOU HAD A PERSONAL CONNECTION WITH SOMEONE IN THE JUVENILE JUSTICE SYSTEM? (Please provide context):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

OF OUR CURRENT PROJECTS, WHICH ARE MOST INTERESTING TO YOU AND WHY?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

HOW MUCH TIME DO YOU HAVE TO DEVOTE TO COMMISSION WORK?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature ___________________________ Date ___________________________
This application may remain on file for six months from the date of submission.

PLEASE COMPLETE AND RETURN TO:

Juvenile Justice & Delinquency Prevention Commission
C/O Adriana Castaneda, Administrative Secretary III
San Mateo County Probation Department
222 Paul Scannell Drive
San Mateo, CA 94402