APPLICATION FOR COMMISSION

Special Requirements (if any): 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 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. – 7:15 P.M.? YES _____ NO _____

NAME: ______________________________________ PHONE: __________________________

ADDRESS: __________________________________ CITY: __________________________

ZIP CODE: _________________ E-MAIL ADDRESS: __________________________________

PRESENT EMPLOYER: __________________________ POSITION: ______________________

ADDRESS: __________________________________ CITY: __________________________

ZIP CODE: _________________

HOW LONG HAVE YOU RESIDED IN SAN MATEO COUNTY?: ______________________

EDUCATIONAL BACKGROUND: __________________________________________________

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EMPLOYEE AND/OR PROFESSIONAL EXPERIENCE: ______________________________________

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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.):

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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.)

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WHICH MEETINGS OF THIS COMMISSION HAVE YOU ATTENDED? ________________________

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HOW DID YOU BECOME AWARE OF THE OPENING? ________________________________

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

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This application may remain on file for six months from the date of submission

PLEASE COMPLETE AND RETURN TO:

Tony Burchyns, Administrative Secretary III
Juvenile Justice & Delinquency Prevention Commission
c/o San Mateo County Probation Department
222 Paul Scannell Drive
San Mateo, CA 94402