

# APPLICATION FOR APPOINTMENT TO CALAVERAS COUNTY BOARDS AND COMMISSIONS

NAME (please print)	SUPERVISORIAL DISTRICT (reference: <a href="http://www.co.calaveras.ca.us">www.co.calaveras.ca.us</a> )
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*

<b>Prevent Child Abuse Council Welfare &amp; Institutions Code 130140 Designated Representation (please check one)</b>			
<input type="checkbox"/> Representative of Calaveras Works & Human Services Agency Children's Services	<input type="checkbox"/> Representative of Calaveras County Public Health Department	<input type="checkbox"/> Representative of Calaveras County Probation Department	<input type="checkbox"/> Representative of Calaveras County Licensing Agencies
<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"/> Community volunteers <input type="checkbox"/> Civic Organizations <input type="checkbox"/> Religious 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:** Prevent Child Abuse Council Calaveras  
 c/o First 5 Calaveras  
 Mail: 891 Mountain Ranch Road, San Andreas, CA 95249  
 Physical Location: 373 St. Charles St. San Andreas  
 Phone: 209-754-6917, FAX: 754-1425