



Application for Community Advisory Membership

Please complete this application and email to the Child Abuse Council Coordinator at cacsc.org@gmail.com. Make a copy for your records. The Membership Committee of the Child Abuse Council will review your application. For more information about becoming a member of the Child Abuse Council, please visit the "About Us" section of the website at www.cacsc.org.

Full Name: _____
(Last) (First) (Middle)

Residential Address: _____

Email Address: _____

Phone/Type: _____

Are you a resident of Santa Clara County? ___ Yes ___ No

In which Supervisorial district do you live? _____

Do you currently serve on a Child Abuse Council Committee? ___ Yes ___ No

If yes, which one(s)? _____

Occupation: _____

Employer: _____

Education: _____

Would you be interested in becoming a Voting Member/Appointed Commissioner of the Child Abuse Council should a seat in your District become available? ___ Yes ___ No

What skills, knowledge and experience qualify you to help serve the mission of the Child Abuse Council: to protect children from abuse and neglect by their parents and caregivers, and from the systems designed to protect them?

Why do you want to become a Community Advisory Member of the Child Abuse Council?

Do you have any obligations that might affect your attendance at scheduled meetings or your ability to participate on a Committee?

This space is provided for any additional information you may wish to provide about yourself:

Please list three references.

Reference #1:

_____	_____
(Name)	(How do they know you?)
_____	_____
(Email Address)	(Phone Number)

Reference #2:

_____	_____
(Name)	(How do they know you?)
_____	_____
(Email Address)	(Phone Number)

Reference #3:

_____	_____
(Name)	(How do they know you?)
_____	_____
(Email Address)	(Phone Number)