

APPLICATION FOR ADULT MEMBERSHIP

PLEASE PRINT IN BLACK INK OR TYPE

1. Full Name: _____

2. Gender: Male Female Decline to state

Residence Address: _____
Street City Zip

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

3. The following information is required for background check purposes:

Date of Birth: _____

Driver's License or State ID Number: _____

4. Please provide employment and educational background with a more detailed resume. Also list any public commissions, boards or councils on which you currently serve or have served in the past 3 years.

5. Are you currently employed? Yes No If "Yes", please provide the following:

Occupation: _____

Employer: _____

Address: _____

Job Title: _____ Work Phone (____) _____

6. Why do you want to serve on the Juvenile Justice Commission and what contributions would you hope to make as a member? (Use additional page if required)

**JUVENILE JUSTICE COMMISSION
COUNTY OF SANTA CLARA**

7. Please give the names and phone numbers of two people who can speak about your qualifications to serve as a member of the Commission.

| Name | Phone Number |
|-------|--------------|
| _____ | (____) _____ |
| _____ | (____) _____ |

Pursuant to California Rules of Court, Rule 989.3 and the Americans with Disabilities Act (ADA), the Superior Court of California, County of Santa Clara, does not discriminate against persons with disabilities.

8. Do you require any accommodations for a mental or physical condition (including impaired hearing, eyesight or mobility) to enable you to participate in the application process or as a commissioner? (If "Yes", please explain.)

STATEMENT

I, _____, submit this application for consideration for membership on the Juvenile Justice Commission, County of Santa Clara.

I acknowledge that such service requires that I be in attendance at all commission meetings as needed, participate in inspections and report writing as assigned. I understand that there is no compensation for these services.

I have read and understand the above and I hereby state that I can meet the requirements for service on the Juvenile Justice Commission, County of Santa Clara.

Signature: _____ Date: _____

Please download, complete, and sign, and date and email to: sccjic@gmail.com