

APPLICATION FOR YOUTH 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. Name of School _____ Grade _____

Name of Principal _____ Phone () _____

Name of Counselor _____ Phone () _____

Start and end of daily school hours _____

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

Name of Employer: _____

Name of Supervisor: _____

Hours and Days of Employment _____

6. Recognizing that involvement with the Commission requires attendance at monthly mid-day meetings, inspections and functions-what means of transportation do you have?

7. Do you participate in any school activities requiring out of school hours or serve on any public commissions, boards or councils? If "Yes" please describe.

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

9. 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.

10. 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
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: _____

If you are under 18 years of age, please have a parent/guardian sign and date as consent.

Parent/Guardian Name: _____ Date: _____

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

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