

APPLICATION FOR APPOINTMENT TO THE SANTA CRUZ COUNTY
CHILD CARE PLANNING COUNCIL – County Office of Education appointment

INSTRUCTIONS

If you are interested in serving on the Santa Cruz County Child Care Planning Council please complete the following application and return it to the Superintendent of Schools, 809-H Bay Avenue, Capitola, CA 95010. If you are interested in being considered for more than one advisory body a separate application should be submitted for each appointment you are seeking.

Upon receipt, your application for appointment will be routed to the Superintendent and then filed for further consideration when there is a vacancy on the advisory body. If the Superintendent is interested in nominating you for appointment, the Superintendent will contact you and discuss the appointment, the appointment process, and requirements for the advisory body in question.

Please specify below the category of representation to which you are seeking appointment and provide the requested information.

Thank you for your interest in this advisory body.

COMMISSION, COMMITTEE OR BOARD Santa Cruz County Child Care Planning Council

Name _____

Address _____

Phone (Home) _____

(Business) _____

Category you are applying fore: (check all that apply)

- Category 1 – Consumers; Parents who have received child care within the past 36 months
- Category 2 – Child Care Providers
- Category 3 – Public Agency Representatives; City, County or Local Education Agency
- Category 4 – Community Representatives; Agency or business that advocates or provides funds for child care, but does not provide child care.
- Category 5 – Discretionary Appointees; any of the above or At Large Representative

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory body

Term

WORK / VOLUNTEER EXPERIENCE

Organization

Address

Position

Year

STATEMENT OF QUALIFICATIONS

Please attach a brief statement indicating why you are interested in serving on the advisory body in question and why you are qualified for the appointment.

CERTIFICATION

I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

Signature

Date