

CONFIDENTIAL APPLICATION
JUVENILE JUSTICE AND DELINQUENCY PREVENTION COMMISSION

LAST NAME	FIRST NAME	MIDDLE NAME
_____	_____	_____
ADDRESS	CITY	STATE ZIP
_____	_____	_____
HOME PHONE	WORK PHONE	CELL PHONE
_____	_____	_____
EMAIL ADDRESS		

EMPLOYED: Yes No

PLACE OF EMPLOYMENT	ADDRESS
_____	_____

STUDENT: Yes No

SCHOOL ATTENDING	GRADE LEVEL	MAJOR
_____	_____	_____

REFERENCES (List at least three):

NAME	ADDRESS
_____	_____
TELEPHONE	RELATIONSHIP
_____	_____
NAME	ADDRESS
_____	_____
TELEPHONE	RELATIONSHIP
_____	_____
NAME	ADDRESS
_____	_____
TELEPHONE	RELATIONSHIP
_____	_____

Summarize your experience related to youth or youth activities which you feel is important and/or relevant to the responsibilities of a Commissioner:

Why would you like to be a Commissioner?

Please list other organizations to which you belong, or with which you have worked:

Describe any special skills or professional knowledge that you would bring to the Commission (examples: financial planning, legal training, fund-raising, media contacts, etc.):

Additional pages attached.

DATE

APPLICANT'S SIGNATURE

Mail to: Superior County of California, County of Mendocino
Attn: Court Administration
100 N. State Street, Room 303
Ukiah, CA 95482

Fax to: (707) 468-3459

Email to: jjdpc@mendocino.courts.ca.gov

APPROVED BY:

DATE

COURT EXECUTIVE OFFICER
PRESIDING JUDGE