



JUVENILE JUSTICE AND DELINQUENCY
PREVENTION COMMISSION
COUNTY OF HUMBOLDT
2002 HARRISON AVENUE
EUREKA, CA 95501 PHONE (707)445-7401

CONFIDENTIAL APPLICATION

DATE: _____

PERSONAL INFORMATION

NAME	DATE OF BIRTH:
ADDRESS	PHONE: (HOME) (WORK)
DRIVER'S LICENSE NO.:	SOCIAL SECURITY NO.:

EMPLOYMENT

ARE YOU EMPLOYED? YES NO

IF YES, PLACE OF EMPLOYMENT: _____

EDUCATION

ARE YOU A STUDENT? YES NO

IF YES, NAME OF SCHOOL: _____

GRADE LEVEL: _____

MAJOR (IF APPLICABLE): _____

REFERENCES

(Please list at least three who are familiar with your personal qualifications of responsibility, integrity and interest in youth)

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			

AVAILABILITY

ARE YOU AVAILABLE FOR COMMISSION MEETINGS THE 2ND WEDNESDAY OF EACH MONTH FROM 6:00 TO 8:00 P.M.? YES NO

CAN YOU ATTEND COMMITTEE MEETINGS DURING THE DAY (8:00 - 5:00) EACH MONTH?
 YES NO

CAN YOU ATTEND COMMITTEE MEETINGS DURING THE EVENING?
 YES NO

-OVER-

RELATED EXPERIENCE

(Please summarize your experience related to youth or youth activities which you feel is important and relevant in the responsibilities (role) of a Commissioner)

**WHY WOULD YOU LIKE TO BE A COMMISSIONER?
(Attach additional pages, if necessary)**

Signature

Date