

**APPLICATION FOR APPOINTMENT TO MARIN CHILDREN & FAMILIES COMMISSION
APPOINTED BY THE MARIN COUNTY BOARD OF SUPERVISORS**

Name _____ Email _____

Home Address _____
Street

_____ Telephone _____
City/Town Zip

Fax _____ Email _____

Employer's Name _____ Employer's Address _____
Street

_____ Telephone _____
City/Town Zip

Present Occupation _____ Are You Over 18 Years of Age _____

1. Which of the following groups do you see yourself representing on the Children and Families Commission (*First Five Marin*)?

- Member, Board of Supervisors;
- County Health Officer;
- Manager for children services, social services, tobacco and other substance abuse and treatment services;
- Recipient of project services;
- Early childhood educator;
- Representative of local childcare resource or referral agency;
- Representative of community-based organization that has a goal of promoting nurturing and early childhood development;
- Representative of local school district;
- Representative of local medical, pediatric or obstetrical association or society.

2. Please provide relevant business, professional, or volunteer affiliations.

3. What other specialized knowledge or personal characteristics do you possess which you believe will enhance the Commission's knowledge of local community?

4. What is your vision for children 0-5 in Marin?

5. What has been your personal experience, if any, with *First Five Marin*?

6. Do you live in Marin? _____ For how long? _____
7. Do you work in Marin? _____ For how long? _____
8. Have you attended any Commission meetings? _____
9. Are you able to attend evening meetings? _____
10. Can you commit up to six hours per month towards Commission responsibilities?

11. Summary of Qualifications for Position: (Please attach an extra sheet if necessary)

12. Reasons for Applying:

Date _____ Signature _____
(please print and sign)

Please return to: Clerk, Marin County Board of Supervisors
 Suite 329, Civic Center
 San Rafael, CA 94903
 (fax) 499-3645

Additional information may be attached.

NOTE: This application will remain valid for a period of one year. If you wish information on requirements for positions, or on the status of your application, please contact the Clerk of the Board of Supervisors, (415) 499-7331.

****Please note you may be required to file a Conflict of Interest disclosure form if you are appointed****

Membership on Marin County boards and commissions changes frequently. For current membership information, please contact the Clerk of the Board at 499-7331. Current membership information is also available on the Internet at: http://www.co.marin.ca.us/depts/BS/main/brds_comm.cfm