



COUNTY OF YOLO

Woodland, California 95695

JUVENILE JUSTICE AND
DELINQUENCY PREVENTION COMMISSION

2780 East Gibson Road
(530)406-5320
Fax (530)661-1202

YOLO COUNTY BOARD OF SUPERVISORS

APPLICATION FOR MEMBERSHIP TO

YOLO COUNTY JUVENILE JUSTICE/DELINQUENCY PREVENTION COMMISSION

(Please type or print)

IF THIS COMMISSION CALLS FOR A SPECIFIC TYPE MEMBER WHICH REQUIRES SPECIAL QUALIFICATIONS (such as Parent Member, Provider Member, General Practitioner, etc.), PLEASE INDICATE FOR WHICH POSITION YOU ARE APPLYING.

NAME: _____

RESIDENT ADDRESS: _____

TELEPHONE NUMBER(s): (Home) _____ (Business) _____

ARE YOU CURRENTLY SERVING ON A BOARD/COMMISSION/COUNCIL? _____

DO YOU LIVE WITHIN THE LIMITS OF AN INCORPORATED CITY? _____

WHICH CITY? _____

IN WHICH SUPERVISORIAL DISTRICT DO YOU RESIDE? _____

(This information is available at the Board of Supervisors office, telephone # 666-8195.)

TIME AVAILABLE (Days, evenings, etc.): _____

EMPLOYMENT EXPERIENCE: _____

ORGANIZATION and COMMUNITY EXPERIENCE: _____

OTHER EXPERIENCE WHICH YOU FEEL WOULD BE HELPFUL TO BRING TO THE ATTENTION OF THE BOARD MEMBERS IN MAKING THIS APPOINTMENT: _____

EDUCATION (Include High School, College and/or University, and Graduate Study): _____

DATE: _____

Signature of Applicant

h:\jjc\membership application

- B. May we contact your present employer?
Yes () No ()
- C. Have you ever served in the military?
Yes () No () If yes, attach DD214.

LEGAL

1. Have you ever been arrested for any crime?
Yes () No () If yes, please explain _____

DRIVING RECORD

1. CA Driver's License Number _____
Expiration Date _____
Name under which license was granted _____
2. Please list other states where you have been licensed to operate a motor vehicle
and name under which license was issued.
- State _____ State _____ State _____
Name _____ Name _____ Name _____
3. Have you ever been refused a driver's license by any state?
Yes () No () If yes, please explain (include when, where, why)

4. Have you ever been refused automobile insurance?
Yes () No () If yes, please explain



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AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a Membership to the Yolo County Juvenile Justice/Delinquency Prevention commission, I am required to furnish this information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any or all information that you may have concerning me, including but not limited to information of a confidential or privileged nature, as well as your impressions and opinions concerning me, to any duly authorized agent of the County of Yolo, Probation Department.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

The release will expire one (1) year after the date signed.

Signature

Date

Membership to The Yolo County Juvenile Justice/Delinquency Prevention Commission
(Position Applied For)

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