

APPLICATION FOR PLUMAS COUNTY CHILDREN AND FAMILIES COMMISSIONER

Date: _____ Name: _____

Mailing Address: _____

Physical Address: _____

Phone number: _____ Fax: _____

E-mail: _____

Currently employed? Yes ___ No ___ Employer: _____

_____ Number of children living in your home

Ages of these children: _____

_____ Number of children with whom you have regular contact (in addition to the above children)

Ages of these children: _____

Bilingual? ___ No ___ Yes, Language: _____

The ethnic group with which you most closely identify:

- African American
- American Indian
- Asian or Pacific Islander
- Filipino
- Hispanic
- White
- Other

PLEASE USE ANOTHER SHEET OF PAPER TO PROVIDE A BRIEF STATEMENT REGARDING THE FOLLOWING:

1. Why are you interested in becoming a Commissioner?
2. Describe the skills or special interests you would bring to the Commission or any knowledge or skills that would be of specific help to you as a Commissioner.
3. Attach a copy of your resume if available.

Signature

Date

Mail to: Plumas County Children and Families Commission or FAX to: 530-283-6425
270 Hospital Road
Quincy, CA 95971
Attention: Ellen Vieira, Executive Director
For more information call: (530) 283-6159 or Email: first5plumasev@psln.com