



## MEMBERSHIP APPLICATION

- ☐ **Children & Families Commission**  
☐ **Community Advisory Committee**

You may apply for one or both.

Name \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Agency \_\_\_\_\_ Title \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### A. CATEGORIES FOR APPOINTMENT

(For both the Commission and Advisory Committee)

*Please indicate all of the categories with which you are currently affiliated:*

#### Category 1 - Education and Early Intervention

- ☐ Representative of a local child care resource or referral agency, or a local child care coordinating group, or a local organization or prevention or early intervention for families at risk or a recipient of early education project services included in the county strategic plan.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Early Education Services Received (if applicable): \_\_\_\_\_

- ☐ Representative of a local school district, or an educator specializing in early childhood development.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Credential / Certification (if applicable): \_\_\_\_\_

#### Category 2 – Healthy Children and Early Intervention

- ☐ Representative of a community-based organization that has a goal of promoting nurturing and early childhood development or a local organization for prevention or early intervention for families at risk, or a recipient of project services included in the county strategic plan related to healthy children.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Children's Health Services Received (if applicable): \_\_\_\_\_

- ☐ A representative of a local medical, pediatric or obstetric association or society.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

**B. ADDITIONAL CATEGORY FOR COMMUNITY ADVISORY COMMITTEE ONLY**

- ☐ Research or subject matter expert in areas of early childhood development and health and/or program evaluation.

Qualifications: \_\_\_\_\_

(This can be provided on a separate sheet)

**C. APPLICANT INTERESTS**

Please briefly explain why you wish to serve on the Children and Families Commission of Orange County and the skills that you would bring to the Commission. Include information describing any related organizations in which you are involved.

---

---

---

---

---

---

---

---

---

---

**D. ECONOMIC INTERESTS**

Do you have any direct economic interest in a child development program or other service that may seek funding under this program?

- ☐ No  
☐ Yes Please explain

---

---

---

---

---

**E. RESUME**

Attach a current resume including educational and employment history and mail with membership application to: Children and Families Commission of Orange County, 17320 Redhill Avenue, Suite 200, Irvine, California 92614. Email to [Prop10@ocgov.com](mailto:Prop10@ocgov.com) or fax (949) 474-2243.

Signature \_\_\_\_\_ Date \_\_\_\_\_