



**COMMUNITY HUMAN SERVICES
CITIZENS ADVISORY COUNCIL (CAC)
APPLICATION FOR VOLUNTEER MEMBERSHIP**

Please type or print in Black ink

Please check committee(s) of interest:

- | | |
|---|---|
| <input type="checkbox"/> Adult Services | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Chemical Health | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Children's Mental Health | <input type="checkbox"/> Adult Mental Health |
| <input type="checkbox"/> Children's Services Review Panel * | |

* The nature of the responsibilities assigned to the Children's Services Review Panel requires a criminal records check and a child maltreatment records check to promote integrity and confidentiality of private data, and to protect the safety of committee members and those involved with cases reviewed. If you are interested in membership on the Children's Services Review Panel, will you sign releases to authorize these background checks on you? Yes No

APPLICANTS FOR ALL COMMITTEES SHOULD COMPLETE THE FOLLOWING:

Name _____

Home Address _____ City _____ State _____ Zip _____

How long have you lived at this address? _____

Employer _____ Position _____

Work Address _____ City _____ State _____ Zip _____

How long have you worked here? _____

Home Phone _____ Work Phone _____

Cell _____ E-mail _____

Where do you prefer to be called? Home Work

Where do you want to receive mail? Home Work

Where did you hear about the Citizens Advisory Council? _____

Are you available to make a commitment of time to committee work? Yes No

Note: The time commitment may vary from 5 hours a month (reviewing materials, traveling to and from the meeting site, and attending the monthly meeting) to 10 hours a month (serving as an officer and/or participating in a task force or work group.)

Are you willing to make every effort to attend monthly meetings consistently and make a commitment to the committee for the next two years? Yes No

Please state your reasons for wishing to serve on an advisory committee:

What do you hope to get from this experience?

Please state your qualifications for membership (i.e. applicable background, special interests, education, relevant employment, related volunteer experience.)

Person to notify in case of emergency: _____ Phone _____

REFERENCES

Please list the names, complete address, e-mail address, and daytime phone numbers of three references:

1. _____

2. _____

Committees strive to maintain a balanced representation. Please indicate which category you represent most appropriately: (mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Consumer of service | <input type="checkbox"/> Provider of service |
| <input type="checkbox"/> Family member of consumer | <input type="checkbox"/> Advocacy group |
| <input type="checkbox"/> Professional in the field | <input type="checkbox"/> Community organization/government |
| <input type="checkbox"/> Interested citizen | |

Are you available for a personal interview should the County desire?

Special needs you may be concerned about can be addressed if you are appointed.

If you have any questions about this application or the materials you received, please call Kristen Jackelen at 651/266-4423.

I submit the statements on this application are true, complete and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

_____/_____/_____
Signature of applicant **Date**

Thank you for your interest in serving on an advisory committee of the Citizens Advisory Council, and for taking the time to fill out this application.

Return completed application to:

**Mail: Kristen Jackelen
Ramsey County Citizens Advisory Council
9800 Government Center East
160 Kellogg Boulevard East
Saint Paul, MN 55101**