

**Application for CICS
Children's Advisory Committee**



CICS
Supporting Individuals. Strengthening Communities.

Name: _____ Date: _____

Address: _____
Street City State Zip County

Home #: _____ Business #: _____ Cell #: _____

E-mail: _____

This form assists the CICS Governing Board in evaluating the qualifications of applicants for appointment to a board, commission, or committee.

State law requires members from specific stakeholder groups. Please check all boxes that apply to you:

- Parent or actively involved relative
- Member of the education system
- Early childhood advocate
- Child welfare advocate
- Children's behavioral health provider
- Member of the juvenile court
- Pediatrician
- Child care provider
- Local law enforcement
- Regional governing board member

Place of employment and position and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this appointment:

Why do you wish to serve on this committee?

What do you feel your biggest contribution to this committee would be?
