

**APPLICATION FOR APPOINTMENT TO  
THE ADVISORY COMMITTEE TO THE FIRST 5 SACRAMENTO COMMISSION  
2009**

**PLEASE PRINT OR TYPE**

Name:		
Residence Address:		
Work Address:		
PLEASE NOTE THAT ADVISORY COMMITTEE MEMBERS MUST LIVE AND/OR WORK IN SACRAMENTO COUNTY.		
Supervisory District in which you live (or work, if you live outside the county):		
If you do not know the supervisory district in which you live, contact the County Clerk's office at 874-5411.		
Do you live (or work, if you live outside the county) in an incorporated city? Yes    No	If Yes, which city?	
Home phone number:	Work phone number:	Fax number
Cell phone number:	E-mail address:	

Are you a new applicant or an Advisory Committee member seeking another term?

Areas of representation: Please mark all categories you are currently qualified to represent & indicate whether your experience is **Professional (PR)** and/or **Personal (PE)** by checking the appropriate boxes next to each category.

PR	PE		PR	PE	
		children with special needs			immigrant populations
		community/ neighborhood			lactation consultant/ childbirth educator
		dental health			medical society/ medical provider
		domestic violence			OB/ GYN
		early care and education			parent
		education			parks and recreation
		faith community			preschool/ co-op
		foster care			teen parents
		grandparent			

In answering the following question, identify the manner and extent of your experience. Be sure to provide particular evidence of your past experience as it related to children ages 0-5 and their families. Attached additional pages if needed. A resume may be attached containing this and any other information that would be helpful in evaluating your application.

**Education:**

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**Employment Experience:**

**Community Experience & Affiliations:**

**County Boards/Commissions/Committees on which you have served:**

**Other experience you feel would be helpful in making this appointment:**

**What goal or goals do you have in serving on the Advisory Committee:**

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Do you or any member of your immediate family work for the First 5 Sacramento Commission or hold a position that might conflict with your ability to make impartial recommendations?    Yes    No

If Yes, please explain:

**References:** Please list three references with telephone numbers.

Name	Telephone Number
1.	
2.	
3	

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Send completed application to **MICHELE WATTS, FIRST 5 SACRAMENTO ADVISORY COMMITTEE, 909 12<sup>TH</sup> ST.,  
STE. 200, SACRAMENTO, CA 95814.**  
Questions? Please call 447-7063 ext. 361

Applicants appointed to the Advisory Committee will be required to complete and file a **Statement of Economic Interests (Form 700)**.

**VOLUNTARY INFORMATION:** Responding to the questions below is completely voluntary. This information is gathered in accordance with State and Federal laws. The Advisory Committee is seeking broad representation to reflect our diverse community.

**Sex:**    Male    Female

**Ethnicity:**