



**APPLICATION FOR APPOINTMENT TO  
COMMUNITY CORRECTIONS ADVISORY BOARD**

Are you presently serving on a County board, committee or commission? If so, which one(s)? (Please provide expiration term date)

Name:

Residence Address:

City:

State:

Zip:

Home Phone:

Cell-Phone:

Email:

Current or Previous Employment  
(Name of Business & Industry)

Availability during Business Hours

Yes

No

Preferred method of Contact

Phone

E-Mail

Please indicate below your reasons for wanting to serve on this board, committee, or commission. Tell what special knowledge, skills, experience, or background you possess that you believe are applicable to this board.

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Signature of Applicant

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Date