

# APPLICATION FOR PLUMAS COUNTY CHILDREN AND FAMILIES COMMISSIONER

Date: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Currently employed? Yes \_\_\_ No \_\_\_ Employer: \_\_\_\_\_

\_\_\_\_\_ Number of children living in your home

Ages of these children: \_\_\_\_\_

\_\_\_\_\_ Number of children with whom you have regular contact (in addition to the above children)

Ages of these children: \_\_\_\_\_

Bilingual? \_\_\_ No \_\_\_ Yes, Language: \_\_\_\_\_

The ethnic group with which you most closely identify:

- African American
- American Indian
- Asian or Pacific Islander
- Filipino
- Hispanic
- White
- Other

PLEASE USE ANOTHER SHEET OF PAPER TO PROVIDE A BRIEF STATEMENT REGARDING THE FOLLOWING:

1. Why are you interested in becoming a Commissioner?
2. Describe the skills or special interests you would bring to the Commission or any knowledge or skills that would be of specific help to you as a Commissioner.
3. Attach a copy of your resume if available.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Mail to: Plumas County Children and Families Commission or FAX to: 530-283-6425  
270 Hospital Road  
Quincy, CA 95971  
Attention: Ellen Vieira, Executive Director  
For more information call: (530) 283-6159 or Email: [first5plumasev@psln.com](mailto:first5plumasev@psln.com)