## CLINTON COUNTY CHILDREN AND YOUTH ADVISORY BOARD CANDIDATE APPLICATION

DATE:	-			
FULL NAME:				
DATE OF BIRTH:		SS#		
ADDRESS:				
PHONE:	WORK:	CELL:		
EMAIL:				
		#CHILDREN:		
OCCUPATION:				
EMPLOYER:				
	•	:		
VOLUNTEER EXPERIEN	CE:			
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INTERESTS/HOBBIES:				
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DESCRIBE YOUR INTER		HE BOARD AND WHAT YOU CAN		

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I UNDERSTAND THAT IT IS NECESSARY, IN ORDER FOR ME TO PARTICIPATE AS A MEMBER OF THE CHILDREN AND YOUTH BOARD AND TO ATTEND ACTIVITIES, FOR CYS OF CLINTON COUNTY TO OBTAIN REFERENCS, CHILDLINE, AND CRIMINAL HISTORY CLEARNECES.

I GIVE MY CONSENT FOR THOSE RECORDS TO BE OBTAINED.

SIGNATURE: _	 	 
DATE		