



**COUNTY OF SACRAMENTO
JUVENILE JUSTICE AND DELINQUENCY PREVENTION
COMMISSION**

**c/o Superior Court of California
Juvenile Courthouse - 9605 Kiefer Boulevard
Sacramento, CA 95827
Telephone: 875-5686**

**APPLICATION AND AGREEMENT
for Appointment to the
Juvenile Justice and Delinquency Prevention Commission
Sacramento County**

I, (Miss, Mr. Ms. Mrs.) _____, hereby apply for appointment as a Commissioner of the Juvenile Justice and Delinquency Prevention Commission of Sacramento County.

I hereby affirm that I am a resident of Sacramento County.
My address is:

Street: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone/Other: _____

I hereby agree that, if appointed, I will attend Commission meetings regularly and participate in the performance of the Commission's duties and responsibilities as outlined in its bylaws and in State law.

And, further, if appointed, I understand that I will be deemed to have resigned my appointment if I absent myself three (3) consecutive times without excuse from scheduled meetings or absent myself for any reason from five (5) such meetings in any six-month period.

Date

Signature

Please attach resume