

INYO COUNTY CHILD ABUSE PREVENTION COUNCIL

CHILD ABUSE PREVENTION COUNCIL NOMINATING FORM

CLOSING DATE: OPEN UNTIL FILLED

If you are interested in serving on the **Child Abuse Prevention Council (CAPC)**, please complete the following application and return it to the address listed below.

Please deliver or email your application to:

Inyo County Clerk
PO Drawer N
Independence, CA 93526
Or scan and email to Darcy Ellis: dellis@inyocounty.us

Upon receipt, your application will be reviewed and you may be invited for an interview. All applicants who are selected to be interviewed will receive a phone call to arrange the interviews. Otherwise, your application will be kept on file for 12 months for future consideration if a position becomes available within that time period.

Applicant Information:

FULL NAME:	
PREFERRED ADDRESS:	CITY & ZIP:
PREFERRED PHONE NUMBER:	
PREFERRED EMAIL:	

Inyo County Regional Experience (check all that apply):

LIVE	WORK	
<input type="checkbox"/>	<input type="checkbox"/>	Bishop
<input type="checkbox"/>	<input type="checkbox"/>	Big Pine
<input type="checkbox"/>	<input type="checkbox"/>	Independence
<input type="checkbox"/>	<input type="checkbox"/>	Lone Pine
<input type="checkbox"/>	<input type="checkbox"/>	Death Valley, Tecopa

Areas of Expertise [check all that apply to your professional or personal experience]

Categories of Membership		Lived Experience	
<input type="checkbox"/>	Public Child Welfare Services	<input type="checkbox"/>	Student
<input type="checkbox"/>	Mental Health Provider	<input type="checkbox"/>	Survivor of Child Abuse
<input type="checkbox"/>	Medical Health Provider	<input type="checkbox"/>	Parent/Caregiver
<input type="checkbox"/>	Criminal Justice System	<input type="checkbox"/>	Grandparent
<input type="checkbox"/>	Tribal Member	<input type="checkbox"/>	Youth Activities Volunteer
<input type="checkbox"/>	Latinx Community Member	<input type="checkbox"/>	Community Leader
<input type="checkbox"/>	Public or Private Schools	<input type="checkbox"/>	Public Relations/Communications
<input type="checkbox"/>	Prevention Programming	<input type="checkbox"/>	Early Intervention Services
<input type="checkbox"/>	Treatment Services	<input type="checkbox"/>	Direct experience working with multicultural communities
<input type="checkbox"/>	Current CAPC Member	<input type="checkbox"/>	Tobacco or other Substance Abuse Prevention/Treatment
<input type="checkbox"/>	Civic Organization	<input type="checkbox"/>	Community Engagement & Outreach
<input type="checkbox"/>	Religious Community	<input type="checkbox"/>	Social Media Engagement or Advertising
<input type="checkbox"/>	Other: (indicate)	<input type="checkbox"/>	Other: (indicate)

Current Employment:

Job Title:	Agency:
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Statement of Interest (Optional):

1. Use the space below to explain why you are interested in becoming a CAPC Member:

Additional Qualifications (Optional):

Please list volunteer commitments, community boards, collaborative or advisory bodies on which you serve or recently served:

Name Of Volunteer Activity	LOCATION	DATES SERVED

Alternate Attendee (Optional):

As a council member, if desired, you may have an alternate attend meetings in your absence. The alternate must be approved. Please list your alternate below:

Full Name	Title	Email	Phone Number

Advisory Membership:

Community advisory members may not vote or hold office, but are entitled to receive agendas, minutes, and other materials related to CAPC and may participate in the meetings and all activities. If you would prefer to be considered as an advisory member, please select box.

Certification:

I certify that the above information is true and correct. I understand that membership on the CAPC requires my active participation in the Council's activities and meetings. Further, I recognize that the Council acts for the interests of the County's families and children.

Signature

Date