



FIRST 5 PLACER COMMISSIONER APPLICATION (2017)

Thank you for your interest in serving on the First 5 Placer Children and Families Commission (F5P). Applications are accepted as seats become available. Please complete the following application and return it as directed at the top of the page. **Please see the F5P Commissioner Fact Sheet for requirements and other considerations.**

Please deliver or email your application to:

First 5 Placer
 365 Nevada Street, Auburn, CA 95603
 Attn: Commissioner Recruitment
 Or scan and email to Lindsay Wibberley: Email: lwibberley@placercoe.k12.ca.us
 Website: www.first5placer.org

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 or email 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:		
HOME ADDRESS:		CITY & ZIP:
BUSINESS ADDRESS:		CITY & ZIP:
PHONE (HOME: () -	(BUSINESS): () -	(CELL): () -
PREFERRED E-MAIL:		
ETHNIC BACKGROUND (OPTIONAL):		
LANGUAGE(S) SPOKEN:		

Placer County Regional Experience (check all that apply):

LIVE	WORK	
<input type="checkbox"/>	<input type="checkbox"/>	Roseville
<input type="checkbox"/>	<input type="checkbox"/>	Lincoln, Sheridan
<input type="checkbox"/>	<input type="checkbox"/>	Rocklin/Penryn/Loomis
<input type="checkbox"/>	<input type="checkbox"/>	Auburn/Newcastle
<input type="checkbox"/>	<input type="checkbox"/>	Foothills (Foresthill, Colfax, Alta)
<input type="checkbox"/>	<input type="checkbox"/>	Tahoe Basin

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

Categories of Membership		Other Areas of Competency	
<input type="checkbox"/>	Early Care and Education	<input type="checkbox"/>	Program Development
<input type="checkbox"/>	Health: medical, pediatric, or obstetric	<input type="checkbox"/>	Strategic Planning
<input type="checkbox"/>	Child Development	<input type="checkbox"/>	Program Evaluation
<input type="checkbox"/>	Child Mental/Behavioral Health	<input type="checkbox"/>	Business Management
<input type="checkbox"/>	Children with Special Needs	<input type="checkbox"/>	Budget/Fiscal Analysis
<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Leadership Development
<input type="checkbox"/>	Local school district	<input type="checkbox"/>	Public Relations/Communications
<input type="checkbox"/>	Parent of Child (prenatal to 5)	<input type="checkbox"/>	Public Policy/Advocacy
<input type="checkbox"/>	prevention or early intervention of families at risk	<input type="checkbox"/>	Direct experience working with multicultural communities
<input type="checkbox"/>	community-based organization focused on early child development	<input type="checkbox"/>	Tobacco or other Substance Abuse Prevention/Treatment
<input type="checkbox"/>	County Human or Social Services	<input type="checkbox"/>	Diversity
<input type="checkbox"/>	Recipient of F5P Services	<input type="checkbox"/>	Community Engagement & Outreach
<input type="checkbox"/>	Other: (indicate)	<input type="checkbox"/>	Other: (indicate)

Please attach the following:

1. Brief statement of interest that:
 - Explains why you are interested in becoming a Commissioner.
 - Addresses each topical area of expertise marked above, and briefly explains how your skills and experience could be of specific help to you as a Commissioner and assist **First 5 Placer** in realizing its vision for children from the prenatal stage through five years of age.
 - Explains why you would be the ideal candidate for this specific opening. **(Based on the needs outlined in the Commissioner Fact Sheet.)**
2. A copy of your resume and/or biography that includes employment.

List Community Boards, Collaboratives or Advisory bodies on which you serve or recently served:

BOARD	LOCATION	DATES SERVED

Education:

INSTITUTION	LOCATION	DEGREE ACHIEVED

References: Submit three professional references we may contact.

NAME:	ORGANIZATION:
ASSOCIATION:	
PHONE: () -	EMAIL:

NAME:	ORGANIZATION:
ASSOCIATION:	
PHONE: () -	EMAIL:

NAME:	ORGANIZATION:
ASSOCIATION:	
PHONE: () -	EMAIL:

Certification:

I certify that the above information is true and correct. I understand that membership on the Commission requires my conscientious preparation for and participation in the Commission's activities and meetings. Further, I recognize that the Commission acts as a body of the whole in working for the interests of the County's program participants and beneficiaries.

Signature

Date