

APPLICATION AND AGREEMENT FOR REAPPOINTMENT OF COMMISSIONER

JUVENILE JUSTICE DELINQUENCY PREVENTION COMMISSION
SOLANO COUNTY

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

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

Street: _____

City: _____

Date of Birth: _____

Phone: _____

Email: _____

Occupation/School: _____

I hereby agree that, if reappointed, I will submit to a Live Scan, attend Commission meetings regularly and participate in the performance of the Commission's duties and responsibilities as outlined in the bylaws and in State law, pursuant to Welfare & Institutions Code section 233.

If reappointed, I understand that I will be deemed to have resigned my Commission if I am absent from three (3) consecutive meetings without excuse, or absent for any reason from five (5) such meetings in any six-month period. I understand that my Commission will be for a term of four years from my date of reappointment.

Date

Signature