[mc-0398.034.004.025]

CHILD CARE PLANNING COUNCIL APPLICATION

Date:

Name:

Home Address:
City: Zip:

Business Address:

Office Phone: Home Phone:

For what designated organization(s) or area(s) of child care and development expertise on the Child Care Planning Council are you seeking consideration for appointment?

List all County or Schools boards, commissions, or committees to which you are a current member:

Committee Name	Date Appointed

List Community Organizations to which you belong?

Every effort shall be made to ensure that the ethnic and racial composition of the Child Care Planning Council is reflective of the ethnic and racial distribution of the persons and families in the County. Please provide the following information:

Ethnic Background: (Check one)

___Caucasian ___African American ___Pan/Asian

___Hispanic ___American Indian ___Other_____

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297-0486

What experience or special knowledge do you bring to child care?

List past County or Schools appointments, with dates served, and other past community or public service appointments.

Your Current Employer:

Your title:

Statement of Occupational Experience:

I am aware of the tentative timeframe and meeting requirements of the Council and am willing, if appointed, to give my full support toward meeting these requirements.

_____

Signature

Please return this application no later than 12:00 noon, Thursday, July 11, 1991 to:

Chief Administrative Office
Attn. June Komar
1600 Pacific Highway, Room 209
San Diego, California, 92101-2472
or
FAX# 557-4060