

APPLICATION FOR BOARD/COMMITTEE APPOINTMENT

Pct. # _____

BOARD/COMMITTEE APPLYING FOR: _____

NAME: _____		
Last	First	MI
ADDRESS: _____		
Physical & Mailing Address		

City	State	Zip
TELEPHONE: (Day) _____	(Evening) _____	
(E-Mail) _____	LENGTH OF RESIDENCE IN COLLIN COUNTY: _____	
DO YOU OWN PROPERTY IN COLLIN COUNTY? _____		
SEX: M F	DATE OF BIRTH: _____	
PREVIOUS ADDRESS: _____		
Physical & Mailing Address		

City	State	Zip
OCCUPATION: _____	EMPLOYER: _____	
BUSINESS ADDRESS: _____		
EDUCATIONAL BACKGROUND THAT COULD BE BENEFICIAL TO THIS BOARD/COMMITTEE:		

** LIST COMMUNITY INTERESTS AND ACTIVITIES **

ORGANIZATION:	ACTIVITY:
_____	_____
_____	_____

** LIST PERSONAL REFERENCES **

NAME:	EMPLOYER:	PHONE:
_____	_____	_____
_____	_____	_____

I understand that I will be required to attend both regular and special board meetings and that members are expected not to miss more than three (3) consecutive regularly scheduled meetings. I hereby authorize Collin County to use the above information for the express purpose of obtaining criminal history information when being considered for the Child Protective Services board per Texas Gov. Code 411.1285 and 411.1286.

SIGNATURE: _____

DATE: _____

Return to Commissioners Court, 2300 Bloomdale, Suite 4192 McKinney, TX 75071
NOTE: APPLICATION WILL BE RETAINED FOR A PERIOD OF ONE YEAR ONLY
RETURN FAX: 972-548-4699