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