

JUVENILE JUSTICE/DELINQUENCY PREVENTION
COMMISSION: SANTA BARBARA COUNTY
COMMISSIONER APPLICATION

Name: _____ Date: _____
Mailing Address: _____
City and Zip: _____
Telephone Home: _____ Business: _____
Fax: _____ E-Mail: _____

Citizen of the United States: Yes: _____ No: _____
Resident of the County of Santa Barbara: Yes: _____ No: _____
Sex: Male _____ Female _____ Age: Over 21: Yes _____ No _____

Please state below your qualifications and purpose in applying to be a member of the Juvenile Justice/Delinquency Prevention Commission. Continue on back, if necessary.

References: Please give the names and phone numbers of at least two people who can speak about your qualifications to serve as a member of this commission.

<u>Name</u>	<u>City</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

Your signature below confirms your agreement to submit to a "LiveScan" (fingerprint) process to confirm no past felonies or misdemeanors relating to the applicant who will work with juveniles in the juvenile justice system.

Signed: _____

Please return this application by mail or fax to:

Santa Barbara County Juvenile Justice/Delinquency Prevention Commission
Santa Barbara County Superior Court – Presiding Judge, Juvenile Division
4285 California Blvd, Santa Maria CA 93455
Phone: 805-614-6587
Fax: 805-614-6581