

**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.

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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: 805-614-6579  
Fax: 805-614-6581