

**Social Services, Financial Assistance Services, and Health and Wellness Administration  
Citizens Advisory Council Application for Volunteer Membership**

Please type or print in black

**Check committee(s) of interest:**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Services                    | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Chemical Health                   | <input type="checkbox"/> Low Income                 |
| <input type="checkbox"/> Children's Mental Health          | <input type="checkbox"/> Adult Mental Health        |
| <input type="checkbox"/> Children's Services Review Panel* |   |

\* The nature of the responsibilities assigned to the Children's Services Review Panel requires a criminal record check and a child maltreatment records check to promote integrity and confidentiality of private data, and to protect the safety of committee members and those involved with cases reviewed. If you are interested in membership on the Children's Services Review Panel, will you sign releases to authorize these background checks on you?  Yes  No

**APPLICANTS FOR ALL COMMITTEES SHOULD COMPLETE THE FOLLOWING:**

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you worked here? \_\_\_\_\_

Where did you hear about the Advisory Councils? \_\_\_\_\_

Are you available to make a commitment of time to committee work? Yes  No

Note: The time commitment may vary from five hours a month (reviewing materials, traveling to and from the meeting site, and attending the monthly meeting) to 10 hours a month (serving as an officer and/or participating in a task force or work group.)

Are you willing to make every effort to attend monthly meetings consistently and make a commitment to the committee for the next two years? Yes  No

Please state your reasons for wishing to serve on an advisory committee:

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What do you hope to get from this experience?

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Please state your qualifications for membership (i.e. applicable background, special interests, education, relevant employment, related volunteer experience.)

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Person to notify in case of emergency: \_\_\_\_\_ Phone \_\_\_\_\_

**REFERENCES**

Please list the names, complete address, e-mail address, and daytime phone numbers of three references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Committees strive to maintain a balanced representation. Please indicate which category you represent most appropriately: (mark all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Consumer of service                        | <input type="checkbox"/> Provider of service |
| <input type="checkbox"/> Family member of consumer                  | <input type="checkbox"/> Advocacy group      |
| <input type="checkbox"/> Professional in the field                  | <input type="checkbox"/> Community           |
| <input type="checkbox"/> organization/government Interested citizen |  |

Are you available for a personal interview should the county desire?

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**Special needs you may be concerned about can be addressed if you are appointed.**

*If you have any questions about this application or the materials you received, please call Kristen Jackelen at 651/266-4423.*

I submit the statements on this application are true, complete and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

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**Signature of applicant**

**Date**

Thank you for your interest in serving on an advisory committee of the Citizens Advisory Council, and for taking the time to fill out this application.

**Return completed application to:**

*Mail:* *Kristen Jackelen*  
**Ramsey County Citizens Advisory Council**  
**9800 Government Center East**  
**160 Kellogg Boulevard East**  
**Saint Paul, MN 55101**