**APPLICATION FOR APPOINTMENT TO THE JUVENILE JUSTICE COORDINATING COUNCIL SB 823 SUBCOMMITTEE**

**INSTRUCTIONS:**

If you are interested in serving on the SB 823 subcommittee of the Juvenile Justice Coordinating Council (JJCC) as an At-Large Community Representative for 2024-2025 term, please complete this application no later than the close of business on February 1, 2024, and email it to:

PRB.Info@santacruzcountyca.gov with a courtesy copy (CC) to: Jose.Flores@santacruzcountyca.gov with a subject line of: *JJCC SB823 Subcommittee At-Large Community Representative.*

Upon receipt of the application, an ad hoc committee will review each application and select a minimum of two community members to recommend for selection to the subcommittee for the term to end December 31, 2025. The JJCC SB 823 subcommittee will plan a convening in March and April 2024.

Thank you for your interest in supporting the juvenile justice youth of Santa Cruz County.

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|  | Name:    |  |
|  | Street:    |  |
|  | City:    |  |
|  | State:    |  |
|  | Zip Code:    |  |
|  | Email Address:**(required: email address)** |  |
|  | Phone (Home):                        **OR** |  |
|  | Phone (Business):           |  |
|  | Supervisorial District:    | 1 2 3 4 5 |
|  | Length of Residence in Area:    |  |
|  | Age (optional):    | Under 21 21-30 31-40 Over 40 |
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| **PREVIOUS COMMISSION OR COMMITTEE SERVICE (Please Specify):** |
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| Advisory Body     | Term     |
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| **EDUCATION:** |
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| Institution     | Major     | Degree     | Year     |
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| **WORK/VOLUNTEER EXPERIENCE:** |
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| Organization     | Address     | Position     | Years     |
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| **STATEMENT OF QUALIFICATIONS:** |
| Please complete a brief statement indicating why you are interested in serving on the JJCC SB 823 Subcommittee and how you meet any of the three categories eligible for appointment: 1. An individual who has experience providing community-based youth services;
2. A youth justice advocate with expertise and knowledge of the juvenile justice system; OR
3. An individual with lived experience who has been or was directly involved in the juvenile justice system.
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| **CERTIFICATION:** |
| By checking this box and entering the date, I certify that the above information is true and correct and authorize the verification of the information in the application in the event I am a finalist for the appointment. |
|      Date: **(required: date and checkbox)** |

