



Contra Costa County
Local Planning Council for Child Care and Development

APPLICATION FOR MEMBERSHIP

Name:
Home Address: City: Zip:
Business/Agency/Affiliation:
Address: City: Zip:
Type of Organization: Position:
Day Phone: () FAX :()
Email:

A. CATEGORIES FOR APPOINTMENT

The County Board of Supervisors and the Superintendent of Schools make appointments to the Child Care and Development Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

1. Consumer of Child Care Services - Using childcare or have used it within the past 36 months.

Are you currently utilizing Child Care? Yes No Date you last used it:
Type of Care: Location:
Length of Time as a Consumer:

2. Child Care Provider- Check the types of care you provide and note the number of children:

Licensed family care provider # of children licensed for
Licensed & publicly funded child care center # of children licensed for
Licensed, private for profit, or private non-profit child care center # of children licensed for
Subsidized Child Care Program # of children licensed for
License exempt child care provider # of children cared for
Location of your facility: Program/Center Name:

3. Community Representative:

Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.

Organization: Service Provided:
Location: Service Area:

4. Public Agency Representative - Including city, county and local education agencies.

Agency: Service Area:

5. All Other - Please describe:

Blank lines for describing 'All Other' category.

B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin:

- White (non-Hispanic)
- Black (Includes African, Jamaican, Trinidad and West Indian)
- Hispanic (includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)
- Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)
- American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)
- Other _____

Which region of the County would you represent? _____

C. CURRENT COUNCIL INVOLVEMENT:

Are you currently an active participant on a Council Committee? _____ No _____ Yes

If yes,

Which Committee: _____

What is your participation? _____

D. INTERESTS:

Personal/Professional areas of interest/experience/skills that could benefit the Council:

I am interested in becoming a Council representative because:

E. MEMBER RESPONSIBILITIES:

Members are expected to attend regular meetings on the fourth Thursday of January, March, May, July, September, and the first Thursday of December, from 5:30 p.m. to 7:30 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: _____ Yes _____ No

If needed, do you have the support of your agency/employer to be an active member of the Council?

_____ Yes _____ No

F. How did you hear about the Planning Council?

Please attach your resume and a letter of interest with this application.

Mail completed application, resume and letter of interest to the Contra Costa County Local Planning Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature: _____ Date: _____