

**Contra Costa County
Child Care and Development Planning Council**

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 child care 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- please 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:

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: _____ Which region of the County would you represent: _____

- 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 _____

C. CURRENT COUNCIL INVOLVEMENT:

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

Signature: _____ **Date:** _____