

**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.

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.

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.

Name	City	Phone #
_____	_____	_____
_____	_____	_____

Signed: _____

Please return this application by mail or fax to:

Santa Barbara County Juvenile Justice/Delinquency Prevention Commission
Santa Barbara Superior Court
1100 Anacapa Street, Santa Barbara CA 93101
Phone: 805-568-2220
Fax: 805-568-2899