

PICKAWAY COUNTY FAMILY & CHILDREN FIRST COUNCIL



Application for Family Membership

Council:

Please consider my application for family representative and voting membership on the Pickaway County Family & Children First Council. I understand family membership requires that I miss no more than three meetings a year and makes me eligible to vote and serve on Council committees.

Name:	
Address:	
School District:	
Phone:	Email:

Number of years living in Pickaway County: _____

Employment/Volunteer History: list name, city and state of employer (most recent first):

_____	_____
_____	_____
_____	_____
_____	_____

List Council agencies/schools that your family does or has received services from:

_____	_____
_____	_____
_____	_____

Why are you interested in serving as a Family Representative on the Pickaway County Family and Children First Council? _____

What do you feel you can contribute to the Council or what benefits can you provide? _____

Applicant Signature: _____ Date: _____

Return to:

Council Director-Kim Martin
2050 Stoneridge Dr
Circleville, Ohio 43113
(740) 474-7529 ext: 10416

Executive Committee Approval _____ Signature _____ Date _____
County Commissioner Approval _____ Signature _____ Date _____