

Monterey County Child Care Planning Council
Application for Membership

Monterey County Department of Social Services
1000 S. Main Street, Suite 301
Salinas, CA 93901



Name: _____

Mailing Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____

Fax: _____ E-Mail: _____

Employer: _____

Work Address: _____

Title: _____

STATE MANDATES REQUIRE THAT COUNCILS REFLECT DIVERSITY. PLEASE CHECK ALL THAT APPLY:

ETHNIC BACKGROUND & RACIAL BACKGROUND:

- | | |
|---|---|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Native American |

_____ Consumer of Child Care and Development Services
_____ Child Care Provider
_____ Public Agency Representative
_____ Community Representative
_____ Other _____

Professional/Educational Experience:

PLEASE STATE YOUR REASONS FOR WANTING TO BE A MEMBER OF THE COUNCIL. (Please limit your statement to 75 words or less. Use reverse side of application or attach separate sheet if needed).

**For further information please call the Child Care Planning Council Coordinator (831) 796-3530*