



Children's Advisory Commission of Indiana County

Seeking to improve outcomes for children, adolescents and their families in Indiana County.

c/o **Indiana County Department of Human Services**
300 Indian Springs Road, Suite 203
Indiana, PA 15701-9805

Phone: 724-463-8200 Ext: 8

Fax: 724-465-3159

cac@indianacountypa.gov

MEMBERSHIP APPLICATION TO THE CHILDREN'S ADVISORY COMMISSION BOARD OF DIRECTORS

The Commission respects and values the contribution of each member and seeks to build an inclusive and diverse membership and to honor diversity in the entire Indiana County community, fostering respect for all.

Name: _____ **Title:** _____

Organization: _____

Website URL: _____ **Facebook URL:** _____

Address, City, State, Zip: _____

Phone: _____ **E-Mail:** _____

1) Reason for my interest in the CAC Board of Directors:

2) Experience/background related to children's issues:

COMMITMENT AGREEMENT (*Membership/Calendar Year = January through December*)

1. I understand that the CAC Board of Directors meets eleven (11) times per year, the first Tuesday of each month excluding July. As a member, I will attend regularly scheduled meetings. I understand that if I miss three (3) consecutive meetings, without an excused absence, I could lose my seat on the Board.
2. I agree to serve on at least one standing committee or event planning committee.
3. I agree to volunteer for at least one (1) outreach event within each calendar year.
4. I agree to participate, in some capacity, in at least one (1) fundraiser within each calendar year.

By checking this box, I agree to ALL OF THE ABOVE commitment criteria.

I wish to serve on the following committee(s):

- | | | |
|---|--|---|
| <input type="checkbox"/> Budget & Finance/Fundraising | <input type="checkbox"/> Policy | <input type="checkbox"/> Early Care and Education |
| <input type="checkbox"/> Safe Children's Network | <input type="checkbox"/> Fun Fest Planning | <input type="checkbox"/> Nature Palooza Planning |

Signature: _____ **Date:** _____

Return this application to: CAC Coordinator, Indiana County Department of Human Services
300 Indian Springs Road, Suite 203
Indiana PA, 15701

Email: CAC@indianacountypa.gov

Fax: 724-465-3159