



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

INTEREST TO MAINTAIN MEMBERSHIP ON THE CHILDREN'S ADVISORY COMMISSION BOARD OF DIRECTORS

Name: _____

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

1. I understand that the CAC Board of Directors is a three-year (3) appointment and that the board meets eleven (11) times a year on 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 position on the Board. These meetings are currently in-person only.
2. I agree to serve on at least one (1) standing committee or event planning committee. These monthly meetings are in-person and virtual.
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.

I am unable to fulfill my commitment to the Board of Directors of the Children's Advisory Commission. Please withdraw my membership.

By checking this box, I agree to ALL OF THE ABOVE commitment criteria as I wish to remain a member. If you intend to remain member, please provide the following information:

Organization: _____ **Position:** _____

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

Address, City, State, Zip: _____

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

I wish to serve on the following committee(s): (*Check at least one.*)

- | | | |
|---|---|--|
| <input type="checkbox"/> Budget & Finance/Fundraising* | <input type="checkbox"/> Policy and Strategic Planning* | <input type="checkbox"/> Early Care and Education (2 nd Tues) |
| <input type="checkbox"/> Safe Children's Network (4 th Tues) | <input type="checkbox"/> Fun Fest Planning (MTBD) | <input type="checkbox"/> Nature Palooza Planning (MTBD) |
| <input type="checkbox"/> Media and Marketing (MTBD) | | |

*Must be an Executive Committee Member

MTBD = Meetings to be determined

Chairs to join the Executive Meetings (3rd Tues)

Signature: _____ **Date:** _____

VOLUNTARY ANNUAL MEMBERSHIP DONATION

The Children's Advisory Commission of Indiana County requests that members and participants contribute an annual donation to help defray the expenses of the Commission that are not covered by grant and other fundraising monies.

Suggested Donation Levels: \$50/Agency Member; \$35/Community Member; Any amount you wish to contribute.

I am enclosing a check payable to "Children's Advisory Commission" in the amount of \$_____.

Return this form 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