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| **Scribble outline** | **Child Safety Forward Sacramento**  **Sacramento County Prevention Cabinet Application –**  **Prevention Cabient Member (Provider)** |

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| ***SACRAMENTO COUNTY PREVENTION CABINET VISION:***  ***Sacramento County will eliminate child abuse and neglect deaths and critical injuries, by 2030.*** | | | | | | | | | | | |
| **First & Last Name** | | | | | | |  | | | | |
| **Title** | | | | | | |  | | | | |
| **Agency/Organization** | | | | | | |  | | | | |
| **Mailing Address** | | | | | | |  | | | | |
| **Phone Number** | | | | | | | Office: Cell (*optional*): | | | | |
| **Email Address(es):** | | | | | | |  | | | | |
| **Preferred way to be contacted?** | | | | | | | | | | □ Email □Call □Text | |
|  | | | | | | | | | | | |
| **Will you be the Primary Representative (attend every meeting) or the Alternate Representative (attend when requested/needed)?** | | | | | | | | | | | |
| □ | Primary | | □ | | | Alternate | |  | | | |
| **The Prevention Cabinet meets on the first Thursday of each month, from 11:00am – 1:00pm. Do you have the time to commit to attending most meetings?** | | | | | | | | | | | |
| □ | Yes | □ | | | No | | | |  | | |
| **The Prevention Cabinet asks for a commitment of at least 12 months (one year). Do you agree to make that commitment?** | | | | | | | | | | | |
| □ | Yes | □ | | | No | | | | **If no, why not**?: | | |
| **What contributions could you offer to further the Prevention Cabinet’s work?** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Community experience and affiliations:** | | | | | | | | | | | |
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| **Other County Boards/Commissions/Committees on which you have served:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Other experience (including employment) you feel would be helpful to the Cabinet in making this appointment:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| ***REFERENCES: Please list up to three references with telephone numbers*** | | | | | | | | | | | |
| 1. |  | | | | | | | | | | |
| 2. |  | | | | | | | | | | |
| 3. |  | | | | | | | | | | |
| **Signature:** | | | | | | | | | | | **Date:** |