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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:** |