



NAME: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP Code _____

PHONE: _____

E-MAIL: _____

OCCUPATION/PLACE OF EMPLOYMENT: _____

WORK ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____

Do you prefer to be contacted at work or home? _____

BOARD AFFILIATION – Please indicate which of the following Human Services Board(s) you are interested in serving on – in order of preference, with 1 as your highest, etc.

_____ Committee on Missing & Abused Children (COMA)

_____ Human Services Advisory Council (HSAC)

_____ Local Advisory Council on Alcoholism & Drug Abuse (LACADA)

_____ County Inter-Agency Coordinating Council (CIACC)

_____ Youth Services Commission (YSC)

Please describe any personal expertise or interest in the Board(s) you have selected above. If available, please attach a resume to this application. _____

YOUR ROLE ON THE BOARD: Referring to the board(s) you chose above please indicate below what you feel your role will be on that board:

_____ Consumer

_____ Agency Representative

_____ Family Member of Consumer

_____ Consumer Advocate

_____ Other:(please define) _____



Do you currently, or have you ever, served on any other Gloucester County Board or Committee? ___ Yes ___ No If yes, which one and what year(s):

Are you currently serving on non-profit board that could receive funds from the County? ___ Yes ___ No If yes, which one): _____

Will you be able to attend meetings at night?_____ During the day?_____

DEMOGRAPHICAL INFORMATION: Statute or regulation for some DHS advisory bodies requires information regarding age, ethnicity, sex and disability. Including this information on this form is optional.

Please check all that apply:

- White Black Male Female
- Hispanic Asian/Pac. Islander Veteran Disabled
- American Indian, Eskimo or Aleut Senior (60+)

VOLUNTEER WORK: Please describe any volunteer activities you are presently (or previously) involved with and provide name(s) of organization(s) sponsoring this volunteer work.

BOARD EXPERIENCE: Have you ever served on any Boards, Advisory Councils, etc. (whether private or government)? Please list the organizations, positions held and dates of service. Include County boards.

If you were referred for Board membership, please indicate by whom: _____

SIGNATURE: _____

DATE: _____

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the Office of Educational and Disability Services at 856-681-6128/New Jersey Relay Service 711 or the EEO office at 856-384-6903.

Please sign, date, and return this application with your resume to
Lisa Cerny, Director, Gloucester County Department of Human Services