



**CHILDREN, YOUTH AND FAMILIES COLLABORATIVE COMMISSION
(CYFCC)
COMMITTEE MEMBER APPLICATION**

INSTRUCTIONS

The Children, Youth, and Families Collaborative Commission’s (CYFCC) primary purpose is to advocate for Alexandria’s children and families, provide advice on policies that affect them, and promote coordination and best practices. CYFCC uses community volunteers to help accomplish its goals. Please complete this application in its entirety and return it to the Department of Community and Human Services’ Office of Youth Service. Your application will be forwarded to the Outreach and Membership Committee for consideration. Please fill in all applicable blanks. If additional space is needed to answer any of the questions, add necessary pages to this form. Incomplete applications will not be considered for appointment to a subcommittee. Potential applicants are encouraged to attend CYFCC meetings. If you have any questions, contact Ron Frazier at 703.746.5970 or ron.frazier@alexandriava.gov

CYFCC Subcommittees:

Based on your skills, experiences, and interest, please check subcommittees that you feel you are best suited. (check all that apply)

- Advocacy (track legislation, produce quarterly opinions pieces, work with research committee to define indicators, host community meetings, etc.)
- Budget and Finance (learn about city, school, and state processes, strategies for funding priorities, evaluate and document the financial impact)
- Outreach and Membership (create talking points and develop process for recruitment, continue outreach and marketing, etc.)
- Research and Implementation (survey youth, research experiences of other jurisdictions, review risk behaviors, identify potential benchmarks, oversee youth master plan, etc.)

Date of Application: (example: **September 24, 2012**)

Name: (Last) (First) (Middle)

Home Address: (Street Address) (Town/City) (State) (Zip Code)

Phone: (Home) (Business)

Fax No.: **E-Mail Address:**

Date of Birth: (If age 24 and under) (example: **September 24, 2012**)

Do you now live or have you ever lived in the City of Alexandria?

- Yes No If Yes, how long?

Statement of Interest: (Why are you interested in serving this committee?)

Educational Background: (Please list certificates, diplomas, degrees, seminars, etc.)

Summary of Work, Volunteer and Practical Experience: (Please list titles and duties for the past five years)

References: (Please list name and addresses of three references that you have contacted and support your application)

First and last name

Address

1.

2.

3.

What is your race/ethnic origin? Please check all that apply.

- American Indian or Alaskan Native Hispanic Asian or Pacific Islander
 Arab, Afghani or Middle-Eastern Black White (not of Hispanic origin)
 Other race or ethnic origin (please specify)

What is your gender?

- Male Female

By submitting this application electronically, I hereby certify that all information contained herein is true and complete and that this transaction will be subject to the Virginia Uniform Electronic Transactions Act.

Please save completed forms and send as an attachment to Ron Frazier at ron.frazier@alexandriava.gov