



Mariposa

Local Child Care Planning Council

5065 Jones Street/P.O. Box 1162
Mariposa, CA 95338
(209) 966-6299 (209) 966-2236

APPLICATION FOR MARIPOSA COUNTY LOCAL CHILD CARE PLANNING COUNCIL MEMBERSHIP

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ COUNTY: _____

1. Which of the following 5 categories do you qualify to represent?

Community

Child Care Provider

Public Agency

Child Care Consumer

Other _____

2. What is your experience in dealing with children ages 0-14?

3. Are you available to attend meetings on the 3rd Monday of each month at 1:00?

Yes

No

4. Have you worked with volunteer organizations in the past? If so, which ones?

5. What specific areas of expertise can you bring to the Council?

Signature

Date