



# Orange County Child Care and Development Planning Council

## Membership Application

### Personal Information

Full Name: *Last* *First* *M.I.* Date:

Home Address: *Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Personal Phone:

Personal Email:

Are you a citizen of the United States? YES NO If no, name of country of citizenship:

Are you a registered voter in Orange County? YES NO

If no, name of county you are registered in:

Do you live in Orange County? YES NO

Do you work in Orange County? YES NO

### Employment

Current Employer:

Occupation/Job Title:

Business Address:

Business Phone Number:

Business Email Address:

Are there other employees from your agency, organization, or company currently serving on the LPC?

YES NO

If YES, please list Name(s):

Employment History: Please attach a current resume to this application and provide any information that would be helpful in evaluating your application.

## Geographic, Ethnic, and Racial Representation

CalWORKs legislation AB1542 (Education Code 8499.3 (d)) states, "Every effort shall be made to ensure that the ethnic, racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county."

Please indicate your ethnic origin (optional)

Hispanic, Latino or Spanish Origin

Not Hispanic, Latino or Spanish Origin

Please indicate your racial representation - Check all that apply (optional)

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Black or African American

White

## Membership Information

Consideration for:

New Membership Appointment

Reappointment

*Membership on the Council shall be consistent with the mandates in AB 15421 and the Council's Bylaws.*

*The Council shall be comprised of a maximum of forty (40) and a minimum of thirty (30) appointed positions representing the membership categories listed below.*

Which category do you qualify for (*mark all that apply*)?

1. Parents/Child Care Consumers: parents or persons who receive or who have received child care services within the past 36 months;
2. Child Care Providers: persons who provide child care services or represent persons who provide child care services;
3. Public Agency Representatives: persons who represent a city, a county, or a local education agency;
4. Community Representatives: persons who represent an agency or business that provides private funding for child care services or who advocate for child care services through participation in civic or community-based organizations, but are not child care providers and do not represent agencies that contract with the California Department of Education to provide child care and development services;
5. Public/Discretionary Member: persons from any of the above categories or outside of these categories at the discretion of appointing agencies.

What experience or special knowledge can you bring to the Child Care Local Planning Council (LPC)?

Please describe your interest in being a member of the Council. Be sure to mention what you feel you could contribute.

What would you hope to gain or achieve by becoming a member of the Council?

Members are expected to attend six (6) general meetings on the third (3rd) Wednesday of the designated months from 9:30 a.m. to 11:30 a.m., and participate on at least one committee. Additional meetings may be scheduled for training and Council business.

Are you able to commit to regular participation, given this schedule?            YES            NO

Do you have the support of your agency/employer to be an active member of the council?            YES            NO

**Professional and Community Memberships**

List **all** current professional or community organizations and associations of which you are a Member.  
*Organization/Association From (MO./YR.) To (MO./YR.)*

**District**

Please select the Supervisorial District you live in\*:

- |            |                               |
|------------|-------------------------------|
| District 1 | District 4                    |
| District 2 | District 5                    |
| District 3 | Not an Orange County Resident |

\*To find your Supervisorial District, click on the following link: <https://www.ocvote.com/maps/#33.6512/-117.7879/10/>

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I, the undersigned, understand that this application does not guarantee me a position on the LPC. I will be informed of my status during each stage of the process.*

Signature:

Date:

Send your signed application and resume to the Local Planning Council Coordinator, Susan Shepardson [Sshepardson@ocde.us](mailto:Sshepardson@ocde.us) - OR - click the "Submit Application" button below.

Email questions to Susan Shepardson [Sshepardson@ocde.us](mailto:Sshepardson@ocde.us) or call 714-966-4139