



MEMBERSHIP RULES

ORDINANCE #726

Sec. 5D – 5.0 Membership. The Commission shall consist of up to nine (9) members each who shall be residents of San Benito County. The membership shall consist of one (1) member of the board of supervisors, the Health and Human Services Agency Director, the County Health Officer and four (4) members who represent any of the following categories: a) recipients of project services included in the county strategic plan; b) educators specializing in early childhood development; c) representatives of a local child care resource or referral agency or a local child care coordinating group; d) representatives of community-based organizations that have the goal of promoting nurturing and early childhood development; f) representatives of local school districts and g) representatives of local medical, pediatric or obstetric associations or societies.

Sec. 5D – 6.0 Terms – Appointment. The board of supervisors shall appoint commission members. Commission members shall serve at the pleasure of the board of supervisors. The term of office of each member shall be for three (3) years until the appointment of his/her successor.

Sec. 5D – 7.0 Terms – Staggered. Excluding the Health and Human Services Director and the County Health Officer who shall serve ex-officio, the terms of office of the other five (5) Commission members shall be staggered. At the first meeting of the Commission, these members shall classify themselves by lot so that two (2) members, shall have a term of office for one (1) year, two (2) members, shall have a term of office of two (2) years, and one (1) member, shall have a term of office for three (3) years.

Sec. 5D – 8.0 Vacancies and Removal.

- 1) A vacancy of the Commission shall occur automatically on the happening of any of the following events before the expiration of the term;
 - (a) Removal of the incumbent for any reason;
 - (b) Death or resignation of the incumbent;
 - (c) Ceasing to meet any of the criteria for membership as specified in section 5D 5.0; or
 - (d) Absence from three (3) regular or special meetings in any twelve (12) month Period.
- 2) The secretary of the Commission shall certify the happening of any vacating event to the board of supervisors. The board of supervisors may waive any member of the Commission by majority vote of the board of supervisors.



***APPLICATION FOR APPOINTMENT TO THE
FIRST 5 SAN BENITO COMMISSION***

INSTRUCTIONS:

If you are interested in serving on the *First 5 San Benito* Commission, please complete the following form and return it to *First 5 San Benito* at the address listed on page 2. Upon receipt, the First 5 San Benito Executive Director and the First 5 San Benito Commission will review your application. Upon the completion of their review, you may be invited for an interview. You will be notified via mail if you are selected, and your name forwarded to the Board of Supervisors for appointment. Thank you for your interest.

Name: _____

Address: _____

Phone: _____ [Work] Zip Code

_____ [Home]

_____ [Email]

EXPERIENCE IN EARLY CHILDHOOD DEVELOPMENT:

Please list your experience in providing, planning for, and/or conducting research in child/family health care services, social services, childcare, parent training and support, and/or education with children from the prenatal stage to age 5:

<i>Experience</i>	<i>Location</i>	<i>Years</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[You may attach additional sheets if you need additional space to complete any items on this application]



PREVIOUS ADVISORY BODY, BOARD, OR COMMISSION EXPERIENCE:

<i>Board or Commission</i>	<i>Location</i>	<i>Years</i>

EDUCATION:

<i>Institution</i>	<i>Location</i>	<i>Degree</i>	<i>Year</i>

OTHER RELEVANT EXPERIENCE: (e.g., Early Childhood Education, Tobacco Education, Health Care, Working with multicultural communities)

STATEMENT OF INTEREST:

Please attach a brief statement describing the reasons you are interested in serving on the *First 5 San Benito* Commission, why you are qualified for the appointment, and what you hope to accomplish as a Commissioner.

CERTIFICATION:

I certify that the above information is true and correct. I understand that membership on the Commission requires my conscientious preparation for and participation in the Commission's activities and meetings. Further, I recognize that the Commission acts as a body of the whole in working for the interests of the County's program participants and beneficiaries.

Signature

Date

Return to: Lisa Faulkner
First 5 San Benito
1011 Line Street, Suite 10
Hollister, CA 95023

Return by: _____
Date

