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| Steering Committee Application  |
| Name: |
| Street Address: |
| City of Residence: | Zip Code: |
| Occupation: | City of Employer or School: |
| Phone: | Email: |
| Age (please check one):□ 18-25 □ 26-35 □ 36-50 □ 51-64 □ 65+ |
| Are you available to attend meetings on the 3rd Friday of each month from 9am – noon? □ Yes □ Most months □ No |
| Are you applying as a *Representative* of a Community-Based Organization? If so, what organization? |
| In this section, please explain your interest in serving on the Center Steering Committee. Why does this work seem interesting, exciting, or important to you? Please include details about your experiences or expertise related to incarceration or reentry. |
| Please tell us about any skills, experiences, or resources you believe you would bring to the Center Steering Committee. |
| Please tell us if you are affiliated with any organization that is relevant to the work of the Center, and how it is relevant.  |
| If you or a family member have been incarcerated or personally impacted by crime, please describe how your experience with the criminal justice system will inform your position as a Steering Committee member. |
| We are committed to creating a Steering Committee that is diverse and inclusive, so please provide the following: gender (M/F/Other) and ethnicity: What do you consider to be your ethnic identity? *(optional)* |