

**Healthy Start Advisory Committee of the Commission on Children and Families**

**Application Form**

(Please type or print legibly)

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Employer \_\_\_\_\_ Position \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email address \_\_\_\_\_

What are your community interests (committees, organizations, activities)?

What experience or educational background might be significant to the Healthy Start Advisory Committee?

What are the reasons for your interest in the Healthy Start Advisory Committee?

List other County boards, commissions or committees on which you serve or have served.

Referred by (if anyone): \_\_\_\_\_

Feel free to attach a copy of your resume and/or use additional sheets as needed.

Thank you for your willingness to serve the children and families of Clackamas County. We appreciate your interest.

Return to: Erin Deahn  
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[edeahn@co.clackamas.or.us](mailto:edeahn@co.clackamas.or.us)