Mariposa
Local Child Care Planning Council

P.O. Box 1162
Mariposa, CA 95338
(209) 966-6299

APPLICATION FOR MARIPOSA COUNTY
LOCAL CHILD CARE PLANNING COUNCIL MEMBERSHIP

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

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 relation to children, families and/or child care?

_____

_____

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

   □ Yes □ No

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

_____

_____

5. What specific areas of expertise can you share with the Council?

_____

_____

Signature Date