



# Shasta County Local Child Care Planning Council

## Membership Application

☐ New Member ☐ Renewal

Name: \_\_\_\_\_  
(As you would like it to appear on council materials)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization Name: \_\_\_\_\_  
(As you would like it to appear on Council materials if applicable)

Position/Title: \_\_\_\_\_  
(As you would like it to appear on Council materials if applicable)

Please describe your (or your organization's) involvement in early learning and care activities over the last 12 months:

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Please describe specific skills, expertise, or resources that you will bring to the Council:

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In a few sentences, please explain your reasons for wanting to join this Council:

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### Which of the following categories could you represent?

Check all that apply:

- ☐ Child Care Provider
- ☐ Public Agency
- ☐ Consumer
- ☐ Community Member
- ☐ Discretionary

*State regulations require that councils have a diverse membership. Please check all that apply:*

### 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



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## Membership Application *continued...*

Which of the following areas are you interested in - as they relate to early learning and care of young children in Shasta county: (Check all that apply) Professional = PR and Personal = PE

<small>PR PE</small> <input type="checkbox"/> <input type="checkbox"/> Early Care and Education	<small>PR PE</small> <input type="checkbox"/> <input type="checkbox"/> Child Health	<small>PR PE</small> <input type="checkbox"/> <input type="checkbox"/> Program Development
<input type="checkbox"/> <input type="checkbox"/> Child Mental/Behavioral Health	<input type="checkbox"/> <input type="checkbox"/> Child Development	<input type="checkbox"/> <input type="checkbox"/> Cultural Awareness/Competency
<input type="checkbox"/> <input type="checkbox"/> Parent Education	<input type="checkbox"/> <input type="checkbox"/> Public Primary Education	<input type="checkbox"/> <input type="checkbox"/> Literacy
<input type="checkbox"/> <input type="checkbox"/> Community Engagement & Outreach	<input type="checkbox"/> <input type="checkbox"/> Program Evaluation	<input type="checkbox"/> <input type="checkbox"/> Business Management
<input type="checkbox"/> <input type="checkbox"/> Budget/Fiscal Analysis	<input type="checkbox"/> <input type="checkbox"/> Leadership Development	<input type="checkbox"/> <input type="checkbox"/> Public Policy/Advocacy
<input type="checkbox"/> <input type="checkbox"/> Public Relations/Communications	<input type="checkbox"/> <input type="checkbox"/> Strategic Planning	<input type="checkbox"/> <input type="checkbox"/> Community Organizer
<input type="checkbox"/> <input type="checkbox"/> Other: _____		

What region of the county do you live in?

<input type="checkbox"/> City of Redding	<input type="checkbox"/> City of Shasta Lake	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Anderson/South County	<input type="checkbox"/> Eastern Shasta County	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Council recommends appointment: ☐ Yes ☐ No ☐ N/A (Renewal) Date: \_\_\_\_\_

Membership term: \_\_\_\_\_