

## **Fayette County Children & Youth Services Advisory Committee Membership Application**

The members of the Fayette County CYS Advisory Board are committed to providing youth and Agency support thru strengthening, educating, and preserving families in collaboration with community resources.

The Pennsylvania Department of Public Welfare requires that county executive officers (Commissioners) appoint a children & youth advisory committee to review and make recommendations pertaining to the county children & youth social service programs and the operation of the County CYS agency. The committee meets on a monthly basis at a time and location convenient to its members. Currently this occurs on the **4<sup>th</sup> Monday of each month at 5:15 PM**. The membership subcommittee is responsible for reviewing the characteristics of all potential candidates prior to recommending membership to the full committee & the Fayette County Board of Commissioners.

If you are interested in becoming a member please complete this application and return it to:

**Fayette County Children & Youth Services,  
130 Old New Salem Road,  
Uniontown, Pennsylvania, 15401.**

**Name:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_  
**Work Phone #:** \_\_\_\_\_  
**Cell Phone #:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Previous Employment (past 10 years):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certifications, Licenses, Special Training, etc....:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past or present affiliations with Clubs, Churches, Fraternal Organizations, Boards, or other Associations:** \_\_\_\_\_  
\_\_\_\_\_

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**Have you ever been convicted of a crime? Yes / No**

If Yes, please explain: \_\_\_\_\_

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**Do you currently have Childline and State Police Clearances? Yes/ No (please include)**

**Have you lived outside of the Commonwealth in the past 5 years? Yes / No?**

If yes do you have FBI Clearances? Yes/ No (please include)

**Do you know any past or present members of the Fayette County Children & Youth Advisory Committee? Yes / No.**

If yes, please list the member and the nature of your relationship: \_\_\_\_\_

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**Please briefly note the primary reason for your desire to be a member of the Committee and how your participation can contribute the provision of social services to children of Fayette County:**

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**Please list three individuals who can attest to your character. These individuals will be contacted by the membership subcommittee. A minimum of one person should have known you for at least 5 years.**

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for your interest.