

Maricopa County Community Services Commission Application Form

Business/Organization:			
Business/Organization Addr	ess:		
City:	State:	Zip Code:	
Employment/Position:			
Home Address:			
City:	State:	Zip Code:	
Preferred mailing address:	\square Business/Organization	□Home	
Home Phone:	Cell:	Business Phone:	
E-mail:			
Please summarize the skills,	experience, and/or resourc	es that you could contribute to the Maricopa	a Cou
	experience, and/or resourc		a Cour
Please summarize the skills,	experience, and/or resourc		a Cour
Please summarize the skills,	experience, and/or resourc		a Cour
Please summarize the skills,	experience, and/or resourc		a Cour
Please summarize the skills,	experience, and/or resourc		a Cour
Please summarize the skills,	experience, and/or resourc		a Coui
Please summarize the skills, Community Services Commi	experience, and/or resource ssion:	es that you could contribute to the Maricopa	a Cour
Please summarize the skills, Community Services Commi	experience, and/or resource ssion:		a Cour



Commission Member Sector Representatives

Please indicate which one of the following three (3) Commission Membership Sectors you are eligible to fill. The Maricopa County Community Services Commission composition is proportioned in the following 3 categories:

☐ Public Sector: 1/3 of the members of the Commission are elected or appointed public officials that										
currently holding office, or their representative. (Please include a copy of your resume)										
\square I am a current, elected or appointed public official										
	(Name of office and term)									
\square I am representative of (Name of official, office, and term)										
☐ Consui	mer Sector: N	Io less than 1	./3 of the me	embers of the	e Commissio	n are democ	ratically elec	ted		
☐ Consumer Sector: No less than 1/3 of the members of the Commission are democratically elected representatives of low-income individuals and families. I am qualified under this category because:										
\square I represent low-income individuals and families.										
\square I am considered low-income. My household annual income does not exceed the current poverty										
guidelines, indicated below, for my family size:										
1	2	3	4	5	6	7	8	For each additional member add:		
\$13,590	\$18,310	\$23,030	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630	\$4,720		
	•	-				-	•			
☐ Privat	e Sector: The	remainder c	f the memb	ers of the Co	mmission ca	n be membe	ers involved in	n public		
□ Private Sector: The remainder of the members of the Commission can be members involved in public										
agencies, business, industry, labor, religious, law enforcement, education, or other major groups and										
interests in the community served. (Please include a copy of your resume)										
\square I am qualified under this category.										
Name of agency/group/organization:										

Please tell us about yourself and why you want to serve of	n the Maricopa Count	y Community Services
Commission:		
I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN	N THIS APPLICATION A	RE TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE.		
SIGNATURE OF APPLICANT		Date
PRINTED NAME OF APPLICANT	-	
PRINTED INAIVIE OF APPLICANT		

Please send this form to:

Maricopa County Human Services Department
Community Services Division
Attn: Laurie Ontiveros
234 N. Central Ave. 3rd Floor, Phoenix, AZ 85004

OR

Fax: (602) 506-4749

OR

E-mail: <u>CSBGCommission@Maricopa.gov</u>

Thank you for your interest in serving on the Maricopa County Community Services Commission.