



**Children's Services Act (CSA)
Parent Representative Application**

Meetings are held on Wednesdays
Montgomery County Health and Human Services Building

The following information is requested for compliance with the Code of Virginia (COV § 2-2-5205) and Children's Services Act (CSA) Policy (3.1.2. Membership).

Name: _____ **Telephone#:** (____) _____

Address: _____ **Mailing Address:** _____
(if different)

Email: _____ **How long have you been a Montgomery County resident?** _____

Present Employment Position: _____

Volunteer/Service Organization Experience: (Please List)

Areas of Interest/Skills: _____

List special items which might qualify you for this appointment: _____

Have you/your family received services through the (formerly known) as Comprehensive Service Act? Yes No
(If Yes, please name service(s)/date(s): _____)

Are you presently a member of a Montgomery County Board, Committee, or Commission? Yes No
(If Yes, please name: _____)

Have you ever been convicted of a Felony? Yes / No (If Yes, please explain : _____)

In an emergency, please notify: Name: _____
Address: _____
Telephone#: (____) _____ Relationship: _____

Professional or Academic References:
1. _____
2. _____

Signature

Date