

Advisory Council Member Application

The Nevada Division of Public and Behavioral Health Child Care Advisory Council will use the following information as an investigation to determine whether or not you qualify for appointment to Child Care Advisory Council. Please READ and CAREFULLY FOLLOW the instruction below:

1. Answer each question.
2. Return completed application and any attachments by **November 1, 2015** to:

Child Care Licensing
Attn: Lisa Roberts
727 Fairview Drive, Suite E
Carson City, NV 89701

3. Provide current resume with application.
4. Please note that receiving this application does not imply you have been selected or appointed to be on the Child Care Advisory Council. You will be notified of any appointment.
5. Any questions should be directed to Lisa Roberts - 775-684-4421.

Application for Appointment to Child Care Advisory Council

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Email: _____

Phone: _____

Professional Information

Present Employer: _____
Name

Business Address: _____
Street City State Zip

Job Title/Responsibilities: _____

Please list any professional affiliations, civic and/or community groups, etc. (use additional pages if necessary)

Please describe in detail why you would like to be on the Child Care Advisory Council (use additional pages if necessary)