



Community Policy and Management Team (CPMT)  
Family Assessment and Planning Team (FAPT)

**Parent Representative Information**

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street address Apt./Unit #*  
\_\_\_\_\_  
*City State Zip Code*

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

Are you a citizen of the United States? Yes  No

Have you ever been convicted of a felony? Yes  No  If yes, explain? \_\_\_\_\_

Board on which you are interested in serving: CPMT \_\_\_\_\_  
FAPT \_\_\_\_\_

**Please list your background, training, or experiences which you feel would contribute to CPMT or FAPT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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