

Juvenile Services Committee Application Form

The Nebraska Children's Commission is seeking applications for the Juvenile Services Committee. The mission of this Committee is to design a comprehensive, accountable, culturally competent, continuum of care in the juvenile justice system that meets the needs of families and youth while maintaining public safety. Members of the committee will be asked to serve for terms of two (2) years.

The Juvenile Services Committee is currently seeking the following representatives:

- 1. Practicing Defense Attorney**
- 2. In-Home Service Provider**

If you would like to be considered for this committee, please complete the attached 2-page form which may be e-mailed to NECC.Contact@nebraska.gov or mailed to:

Nebraska Children's Commission
1225 L Street, Ste. 401
Lincoln, NE 68508-2171

**Nebraska Children's Commission
Juvenile Services Committee Membership Application**

Name:			
Address:			
		City:	State: Zip:
Home Phone:		Business Phone:	
Cell Phone:		Business Fax:	
E-mail Address:			
Gender:		Race:	
Current Occupation and Employer:			
Employment History:			
Education:			
Other Committees or Boards:			
References (Name/Address/Phone):		1.	
		2.	
Are you a current member of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your role on the Committee?			
Are you willing to Chair or Co-Chair a subcommittee or workgroup of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to willing to provide legislative testimony on behalf of this Committee if requestsd? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to contribute work to short term projects for this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you work with children, youth, or families, are you willing to connect them to the work of this Committee? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want to be considered for a Co-Chair position of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate if the following is applicable: I wish to be a member of this group, but cannot/would prefer not to participate in voting matters due to my employment position. <input type="checkbox"/> Yes <input type="checkbox"/> N/A			

Representative Position: (check all that apply)

- County Attorney (County: _____)
- Practicing Defense Attorney
- Juvenile Probation
- Department of Health and Human Services, Office of Juvenile Services
- Group Home/Shelter
- Treatment Placement
- In-Home Service
- Court Improvement Project
- Department of Education
- Crime Commission
- Judge
- Advocate Group
- Data Expert
- Children's Commission Member
- Other (please specify): _____

Reason for Seeking this Appointment: