

# MEIGS COUNTY FAMILY AND CHILDREN FIRST COUNCIL PARENT REPRESENTATIVE MEMBERSHIP APPLICATION

**Council Mission:** Creating a community, through collaborative services and programs, where children and families are valued and supported.

Council Members focus on programmatic, operational, and fiscal issues of the Family and Children First Council. Members provide perspectives and ideas, increase the knowledge base of county services, and serve on Council committees.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Age of Child/Children \_\_\_\_\_

Are you currently employed by an agency/organization represented on the Council? Yes  No

- ❖ Explain what services your family has received, or is currently receiving, from an agency represented on the council.

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

- ❖ How will you contribute to the Family and Children First Council?

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

- ❖ What can the Family and Children First Council contribute to your family?

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

*As per the bylaws, any elected member who misses three (3) unexcused consecutive meetings of the Council within a calendar year may have their status as a member terminated. The Council meets on the third Thursday of every other month at 8:30 a.m.*

If elected to the Council, I agree to actively support the Council mission and its collaborative efforts.

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

**Return Completed Application to:**  
Meigs County FCFC, 175 Race Street, P.O. Box 191, Middleport, OH 45760  
meigsfcfc@gmail.com or fax to (740) 992-7500 Attn: Taylor Ward, Coordinator

**Membership Committee Use Only:**

Date Application Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Approved  Denied

Comments \_\_\_\_\_