

Community Corrections Adult Advisory Board Application

Per Kansas State Statute #75-5297 Corrections advisory boards; membership, qualifications, appointment; alternative membership, qualification and appointment provisions for cooperating counties. (a) Subject to the other provisions of this section, each corrections advisory board established under this act shall consist of 12 or more members who shall be representative of law enforcement, prosecution, the judiciary, education, corrections, ethnic minorities, the social services and the general public.

Please provide information about your qualifications and candidacy, and return this form to Community Corrections office. Information from this form may be shared publically.

*I agree to have my name submitted in nomination as a member of the Adult Advisory Board.

*I confirm that I am 18 years of age or older and a resident of the county I will represent.

*I understand that members of the Board are responsible for working with staff to plan, prioritize, and implement a comprehensive plan and budget designed to meet the requirements of the Department of Corrections.

1. On a separate sheet, please tell us a little about yourself: (occupation, involvement in community activities or other programs).
2. Why do you want to become a member of the Advisory Board?
3. How did you learn of the Community Corrections Advisory Board?
4. List types of education, training, or specialties that might be of interest.

Name: _____ Gender: _____

E-mail address: _____

Address: _____

Phone: _____

Ethnicity: Asian
 Black
 Caucasian
 Hispanic

If needed, attach separate sheet of paper or a resume in addition to this form.