

**HIGHLAND COUNTY FAMILY & CHILDREN FIRST COUNCIL
VOTING MEMBER APPLICATION**

Thank you for your interest in becoming a voting member on the Highland County Family and Children First Council. The Council values the contribution of families and consumers and the important perspective they bring to discussions and decisions that affect families.

As part of the application process, the Council asks that you complete the following information. The Council will consider your application at its next regularly scheduled meeting.

| | |
|---------------------|----------------|
| Name | _____ |
| Agency/Organization | _____ |
| Address | _____ _____ |
| Phone | _____ _____ |
| Fax | _____ _____ |
| E-mail | _____ _____ |

Briefly describe your reasons for wanting to join the Highland County Family and Children First Council. If additional space is needed, please use the back of this form.

Please return the form to:
Valerie Williams
1487 North High Street
Suite 500
Hillsboro, OH 45133
or email: highlandfcdc@gmail.com