



**Family Assessment and Planning Team  
Parent Representative Application**

The following information is requested for compliance with the Code of Virginia (COV § 2-2-5205) and Comprehensive Services Act (CSA) Policy (3.1.2. Membership).

**Name:** \_\_\_\_\_ **Telephone#:** (\_\_\_\_)\_\_\_\_\_

**Address:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
(if different) \_\_\_\_\_

**Email:** \_\_\_\_\_ **How long have you been a Montgomery County resident?** \_\_\_\_\_

**Present Employment Position:** \_\_\_\_\_

**Volunteer/Service Organization Experience:** (Please List)  
\_\_\_\_\_  
\_\_\_\_\_

**Areas of Interest/Skills:** \_\_\_\_\_

**List special items which might qualify you for this appointment:** \_\_\_\_\_  
\_\_\_\_\_

**Have you/your family ever received services through the Comprehensive Service Act (CSA)?** Yes No  
(If Yes, please name service(s)/date(s): \_\_\_\_\_)

**Are you presently a member of a Montgomery County Board, Committee, or Commission?** Yes No  
(If Yes, please name: \_\_\_\_\_)

**Availability:** (Circle all applicable) **Number of Days per week:** 1 2 3 4 5  
*Monday* *Tuesday* *Wednesday* *Thursday* *Friday*  
AM/PM/All Day AM/PM/All Day AM/PM/All Day AM/PM/All Day AM/PM/All Day

**Have you ever been convicted of a Felony?** Yes / No (If Yes, please explain: \_\_\_\_\_)

**In an emergency, please notify:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone#: (\_\_\_\_)\_\_\_\_\_ Relationship: \_\_\_\_\_

**Professional or Academic References:**  
1. \_\_\_\_\_  
2. \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*