

JUVENILE JUSTICE COORDINATING COUNCIL

**Juvenile Realignment Subcommittee
Membership Appointment Application**

The Juvenile Justice Coordinating Council (JJCC) was established by resolution of the Board of Supervisors on November 19, 1996. Under the Juvenile Justice Crime Prevention Act and Youthful Offender Block Grant, which authorize annual allocations to counties to fund juvenile crime prevention programs, counties must establish a multiagency juvenile justice coordinating council that develops and implements a continuum of county-based responses to juvenile crime to be eligible for funding. The JJCC is committed to identifying resources and strategies to support the County in providing an effective continuum of responses to support the treatment and rehabilitation of juvenile justice-involved youth. The JJCC will provide a forum and structure for the County’s juvenile justice system partners to examine relevant data and practices and work together in the best interest of juvenile justice-involved youth.

The JJCC will have one standing subcommittee that will be tasked with developing a comprehensive plan for services to be offered to youth who would have previously been eligible for commitment to the Division of Juvenile Justice before its closure or who committed specified offenses (“JJCC Juvenile Realignment Subcommittee” or the “Subcommittee”). The subcommittee will include justice system, education, and behavioral health stakeholders. Additionally, there will be five community representatives on the subcommittee who must be individuals with experience providing community-based youth services, youth justice advocates with expertise and knowledge of the juvenile justice system, or young adults who have been directly involved in the juvenile justice system. Two membership of the five community representative seats are reserved for young people (age 27 or under) with lived experience who, at appointment, have completed probation or parole.

The County Executive will consider the expertise and lived experiences of applicants as described in the responses to the questions below, as well as the degree to which applicants reflect the experience of communities that tend to be overrepresented in the juvenile justice system (e.g., African American, Latino, or LGBTQ youth). The County Executive will seek to ensure that the subcommittee community representatives are balanced between lived experience and professional knowledge when appointing members.

Please submit completed applications to Pro-VRP@pro.sccgov.org or:
Probation Department
Attn: Gladys Tran or Melissa Garcia
840 Guadalupe Parkway, San Jose, CA 95110

The following seals are currently available:

- Two-Community Representatives
- One-Young adult with lived experience with the juvenile justice system

Please check the box indicating which position you would like to apply for as a member or named alternate:

- | | | |
|--|----------------------------------|--|
| Young Adult with lived experience Representative | <input type="checkbox"/> Primary | <input type="checkbox"/> Named Alternate |
| Young Adult with lived experience Representative | <input type="checkbox"/> Primary | <input type="checkbox"/> Named Alternate |
| Community Representative | <input type="checkbox"/> Primary | <input type="checkbox"/> Named Alternate |
| Community Representative | <input type="checkbox"/> Primary | <input type="checkbox"/> Named Alternate |
| Community Representative | <input type="checkbox"/> Primary | <input type="checkbox"/> Named Alternate |

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This application must be completed in full and signed on the last page to be considered for membership.

FULL NAME: _____
(Last) (First) (M.I.)

ADDRESS: _____

(City) (State) (ZIP)

TELEPHONE: _____
(Home) (Business) (Cell)

EMAIL: _____ FAX: _____

Are you a current resident of Santa Clara County? If so, how long have you resided in Santa Clara County?

Yes No _____

If applicable, please identify the Supervisorial District in which you live: 1 2 3 4 5

Current Occupation: _____

Are you a County of Santa Clara employee? _____ Yes _____ No

If yes, which department? _____

Do you or any organization or association that you may represent provide services to the County? Yes No

If yes, do you or the organization or association receive County funds? Yes No

Highest level of education completed:
 High School Diploma GED or Equivalency College

Units Completed: _____ Certificate or Degree(s) Received: _____

Major: _____

Are you at least 21 years of age **OR** are you applying as a youth/young adult? 21+ Under 21

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If additional space is needed to respond to the questions below, please attach no more than one separate page to your application.

Why do you want to become a member of the JJCC Juvenile Realignment Subcommittee?

Please list your qualifications for membership: *Examples: Experience, Education, Training, Credentials.*

Are you a member of an organization or affiliated with any communities that are overrepresented in the JJ system? Please describe your experience with these communities. (Examples, include but are not limited to, African American/Black, Latino, and LGBTQ+ communities.)

Do you have any obligations that might affect your attendance at regularly scheduled meetings? If yes, please explain.

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Please list three (3) references that have agreed to be contacted by the County Administration:

| | | | | |
|------|----------|------------------|------|----------|
| 1. | Name: | _____ | | |
| | Address: | _____ | | |
| | | (Street address) | City | ZIP Code |
| | Phone: | _____ | | |
| | | | | |
| 2. | Name: | _____ | | |
| | Address: | _____ | | |
| | | (Street address) | City | ZIP Code |
| | Phone: | _____ | | |
| | | | | |
| 3. | Name: | _____ | | |
| | Address: | _____ | | |
| | | (Street address) | City | ZIP Code |
| | Phone: | _____ | | |

JJCC Juvenile Realignment Subcommittee meetings will be held quarterly. Committee members and alternates will be notified as meeting dates/times are determined.

I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed.

Signature: _____ Date: _____

Your interest in serving Santa Clara County in an Advisory capacity is appreciated. Your application will be reviewed by the County Executive's Office. Please retain a copy of your application for your records.

| | |
|---|--|
| County of Santa Clara Use Only | |
| <input type="checkbox"/> Application Approved | <input type="checkbox"/> Application <u>Not</u> Approved |
| Reviewer Signature: _____ | Date: _____ |

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For the purpose of evaluating our outreach to the community, please let us know how you heard of this opportunity.

Newspaper Article (which newspaper?): _____

Newspaper Ad (which newspaper?): _____

Radio (which station?): _____

Local organization, association, club (name?): _____

County Website: _____

County Employee: _____

Other: _____