



**Membership Application for Appointment to the
Federal Advisory Committee on Juvenile Justice (FACJJ)**

First Name: _____ Last Name: _____

Title: _____

Agency/Organization: _____

Mailing Address: _____

Email Address: _____

Day Phone: _____ Mobile Phone: _____

SAG/JJAG Member in: _____ Present Term of Office: _____ to _____

SAG Chair: _____

Are you eligible to be reappointed to SAG/JJAG?

Yes No

Have you previously served on the FACJJ?

Yes No

If so, please state date(s) of service on FACJJ: _____

Check all applicable boxes:

- Local government elected official
- Juvenile justice agency administrator LE & JJ agency reps including:
 - Law enforcement/school resource officer
 - Juvenile/family court judge
 - Prosecutor
 - Juvenile Defender
 - Other Counsel for children/youth
 - Probation worker
- Public agency reps including those concerned with delinquency prevention or treatment such as:
 - Welfare/Social services
 - Mental health
 - Education and/or Special education
 - Recreation
 - Youth services
- Nonprofit agency rep including those with special focus on:
 - Preserving/strengthening families
 - Parent groups & parent self-help groups
 - Youth development
 - Delinquency prevention & treatment
 - Neglected or dependent children
 - Juvenile justice
 - Education
 - Social services for children
- Volunteer who works with delinquents or potential delinquents
- Youth worker in programs that are alternatives to incarceration
- Expert on school violence, vandalism and/or alternatives to suspension and expulsion
- Expert on learning disabilities, emotional difficulties, child abuse & neglect and/or youth violence
- First appointed at age 24 or younger
- Is or has been under JJ system jurisdiction
- Other, specify: _____

Signature

Date

***Please email the FACJJ application and a copy of your resume to Melissa Kanaya at
Melissa.Kanaya@usdoj.gov by the application deadline of Friday, June 30, 2017.***