



TJCSA EXECUTIVE COMMITTEE APPLICATION

NAME: _____

POSITION: _____

COURT AND COUNTY: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

LENGTH OF MEMBERSHIP IN TJCSA: _____

INVOLVEMENT WITH TJCSA: _____

LENGTH OF EMPLOYMENT IN JUVENILE JUSTICE SYSTEM: _____

WHY DO YOU WISH TO SERVE ON THE EXECUTIVE COMMITTEE?

E-MAIL TO: margiedavis@jjs.nashville.org OR FAX TO: 615-862-7142 prior to May 1, 2015.

