



Invitation To Apply For 2011 Membership Medina County Family First Council

The Medina County Family First Council supports and strengthens families through community teamwork focused on meeting health, human and social service needs in Medina County.

Members have a direct opportunity to impact services and programs for Medina County citizens – not to mention working with others committed to effectively helping families meet their needs.

To be a truly effective County team, we seek a diverse membership representing various aspects of family well-being: physical (such as physical care, nutrition, clothing, housing, and safety), psychological (mental health), spiritual, educational, economic (such as employment, budgeting, funding sources, and assistance). Parents and/or consumers of family services are encouraged to apply.

Please consider membership and complete the enclosed application form. Return it as indicated before **September 30, 2010**. Please note: any applications received after this date will not be considered for membership. The membership committee reviews all applications for eligibility and presents a membership slate to Council in October. Election by full Council is in November. In early December we will notify you of the results. Membership begins and orientation will take place in January. You will be assigned a mentor to help orient you to Council and answer questions as they may arise. For additional information about Family First Council visit our website at www.familyfirstmedina.org.

If you have any questions, please call me at 330-722-6235, ext. 2908 or Chris Ruf, FFC Coordinator at 330-764-8580.

Sincerely,

Judy Leuthaeuser
Membership Committee Chair
Family First Council



Medina County Family First Council 2011 Membership Application

Return before September 30, 2010 to:
Judy Leuthaeuser, 210 S. Broadway, Medina, OH, 44256

Council Mission: The Family First Council is dedicated to strengthening the Medina County community by coordinating and supporting health, human, and social services.

Council members focus on programmatic, operational and fiscal issues of Family First Council. They provide representative perspectives and ideas, increase the knowledge base of county services, and serve on Council committees.

NAME _____ DATE: _____

REFERRED BY _____

Person(s) or agency encouraging application (may also leave blank)

Complete either section 1 or 2 (whichever is applicable), then continue as instructed.

1. I am applying for **RENEWAL** and I represent the following aspect of family well-being (check below and then skip to item 6):
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Economic | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Individual representative / parent / consumer of family services |

2. I am applying for a **NEW** three-year term as (check **A** or **B**):

- A. An agency / organization representing the following aspect of family well-being (check all the aspects that may apply):
- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Economic | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Physical | |

–OR–

B. Individual representative / parent / consumer of family services

Family Service Agencies Used	Year(s)	County
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete the second page of this form.

**PAGE -2- 2011 MEMBERSHIP APPLICATION
ANSWERS TO 3 AND 4 WILL BE PRINTED ON THE
FAMILY FIRST COUNCIL ELECTION SLATE AS WRITTEN
(additional sheets may be attached if needed)**

3. I bring these strengths, knowledge, and/or experiences to the Council:

4. I have participated in the following collaborative/community efforts, including Family First Council committees:

5. Please list two individuals who will support your membership to Council.
These should be people who know of your qualifications in lines 1-4.

Name _____ Phone _____

Relationship to Applicant _____

E-mail _____

Name _____ Phone _____

Relationship to Applicant _____

E-mail _____

6. As per the Bylaws, any elected member who misses four (4) regularly scheduled meetings of Council within a calendar year may have their status as a member terminated. The Council meets the fourth Tuesday of each month from 9:00 a.m. to 11:00 a.m. Each Council member is also expected to serve on at least one committee. Committees meet monthly at various dates and times. If elected to Council, I agree to actively support the Council mission and its collaborative efforts.

Signature _____ Date _____

Printed name as it should appear on the roster and web site _____

Send Council mail to: Work Address Home Address

Address: (Work) _____

(Home) _____

Daytime Phone _____ E-mail Address _____

Membership Committee Use Only:

Date received _____

Meets guidelines

Date reviewed _____

Does not meet guidelines

Comments _____
