



**Medina County Family First Council
2021 Membership Application**

**Return before October 15, 2020 to:
Sharon Tahajod, Membership Committee Chair
PO Box 167, Medina, OH 44258**

Or sharont20@zoominternet.net

Or to Lydia Manzier at coordinator@familyfirstmedina.org

You can join a team that puts families first in Medina County. The Medina County Family First Council is a group of community leaders and residents working together to improve services for families.

The Family First Council invites residents, including public officials, community leaders and parents, to join the group for three-year commitments. Members strive to boost the quality and cost-effectiveness of programs in the county and help families become self-sufficient. The Council meets on the fourth Wednesday of each month from 9:00 to 11:00 am.

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:** _____

AGENCY _____ (may also leave blank)

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** of my current membership (now skip to Question 6 on page 2.)
- 2.** I am applying for a **NEW** three-year term as (check **A** or **B**): **(New applicants also please fill out Questions 3-6 on page 2)**
- 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.

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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. **Renewal** and **New Applications** are for a 3 year membership term starting Jan. 1, 2021. If accepted by the Membership Committee, your name and application info will appear on the ballot for the 2021 Membership Election, which will be held on November 25, 2020. Votes are cast by current voting members of MCFFC. 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 Wednesday 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 at various dates and times. If elected to Council, I agree to actively support the Council mission and its collaborative efforts. **Family First Council is meeting virtually during the pandemic.**

Signature _____ Date _____

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

Send Council mail to: Work Address Home Address

Address: (Work) _____

or

(Home) _____

Daytime Phone _____ E-mail Address _____