

**Court Appointed Juvenile Advocates
Of Marshall County
Biographical Information for Board Membership**

Name: (Mr./Mrs./Ms./Miss) _____

Address: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Fax: _____

Preferred Method of Contact: _____

Employed with: _____ How long: _____

In What Capacity: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Educational Background: _____

Professional Associations: _____

What special skills or abilities do you bring to this board? _____

