

**TARRANT COUNTY SEXUAL ABUSE ADVISORY COUNCIL**  
**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Please describe the nature of your work, and how it relates to child sexual abuse: \_\_\_\_\_

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How long have you worked in the area of sexual abuse? \_\_\_\_\_

How did you hear about the Council? \_\_\_\_\_

What needs do you have which might be fulfilled by your involvement in the Council? \_\_\_\_\_

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What do you think you can contribute to the purposes of the Council? \_\_\_\_\_

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Do you (or your organization) work with victims or perpetrators? \_\_\_\_\_

Have you ever been charged with, or convicted of, a sexual crime? \_\_\_\_\_

Have you attended any meetings of the Council? \_\_\_\_\_ About how many in the past year? \_\_\_\_\_

List your educational background: \_\_\_\_\_

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Licenses/Credentials/Certifications: \_\_\_\_\_

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List your employment background:

1. \_\_\_\_\_ Dates: \_\_\_\_\_

2. \_\_\_\_\_ Dates: \_\_\_\_\_

3. \_\_\_\_\_ Dates: \_\_\_\_\_

List two professional references:

1. \_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Daytime Phone

2. \_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Daytime Phone

Attach a current resume.

Please Note: the membership committee of the Council will review your application. The committee will make a recommendation to the general membership who will vote on your acceptance.

If voted to be a member of the Tarrant County Sexual Abuse Advisory Council, your membership may involve exposure to highly sensitive information. Confidentiality is essential, and the need for confidentiality does not end when you cease to be a member.

An individual or agency member must attend at least one meeting during each quarter of the calendar year, or they may be dropped as a member. A terminated individual or agency may reapply for membership through the membership committee, and go through the same procedure as any new member.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Your application may be submitted to the Council Chair or membership committee chair at any of the meetings.

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Outcome: \_\_\_\_\_