Community Restorative Justice Commission of MONTEREY COUNTY

Commission Member Application

NAME: Bob	Langley		DATE:9/1	7/23	
DL#:	DOB: ou must include a photocopy of your dri	SS			
Current Address:					
TI Di	our 🕶 Museupheretons	Wash Dhas	Met Company	Salar - Company and Salar Sala	
Home Phone: _		Work Phon	e:		
Present Occupation: _	Chaplain, Ma	outere	y Counte	1 dail	
Special licenses, creder	Chaplain, Montials, training certificates: Lic	censed Evange	elical Chi	ned mini	steri
		9			
Previous volunteer exp	perience: Planse see at	teched re	some.		
Business/Organization	Address	Phone	Job/Position	Supervisor	
Name			Title	(**)	
		1	20 00 00 00 00 00 00 00 00 00 00 00 00 0		
	nvicted of a crime resulting in: in				ail
\$100 of more: 103 [tributarino e consider	FO.89	
If yes, indicate the foll	owing: Charge: Location:	Action	Date Charg	ged:	¥1
Those who serve on the 12:00 – 1:00 PM. You	d in working as a member on the the VISIMA and I and I and I are commission are expected to attend this nation and attend Restorative Justice	Community Re	estorative Justice (COF KILL CSON and y meeting, held on	Commission? Fit December 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	a
Furthermore, my sign	formation on this application is ature provides my authorization as reference checks to determine a	to the County	of Monterey to de	20 (310) 1780 page 44 m	
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Signature	AND SOME THE PARTY OF THE PARTY	Da	nte	125	

Please contact (831) 755-3961 for questions. Please return this application to 1422 Natividad Road, Salinas, CA 93906 or fax it to (831) 759-7242.