



Leavenworth County Community Corrections
520 S. 2nd Street
Leavenworth, KS 66048
913-684-0775

Adult Services Fax: 913-684-0764 | Youth Services Fax: 913-684-0304

Leavenworth Adult Corrections Advisory Board Application

Per Kansas State Statute #75-5297 Corrections advisory boards; membership, qualifications, appointment; alternative membership, qualification and appointment provisions for cooperating counties. (a) Subject to the other provisions of this section, each correction advisory board established under this act shall consist of 12 or more members who shall be representative of law enforcement, prosecution, the judiciary, education, corrections, ethnic minorities, the social services and the general public.

Please provide information about your qualifications and candidacy, and return this form to the Community Corrections office. Information from this form may be shared publicly.

*I agree to have my name submitted in nomination as a member of the Adult CAB.

*I confirm that I am 18 years of age or older and a resident of Leavenworth County.

*I understand that members of the Board are responsible for working with staff to plan, prioritize, and implement a comprehensive plan and budget designed to meet the requirements of the Department of Community Corrections to improve public safety in Leavenworth County.

1. On a separate sheet, please tell us a little about yourself: (occupation, involvement in community activities or other programs).
2. Why do you want to become a member of the Advisory Board?
3. How did you learn of the Community Corrections Advisory Board?
4. List types of education, training, or specialties that might be of interest.

Signature: _____

Name: _____ Gender: _____

E-mail: _____ Phone: _____

Address: _____

- Race:
- White
 - Black or African American
 - American Indian or Alaska Native
 - Native Hawaiian or Pacific Islander
 - Asian
 - Other: _____

If necessary, feel free to attach a resume in addition to responding to the above questions.