

**Columbia-Montour Area Vocational-Technical School  
Occupational Advisory Committee (OAC)  
Application for Membership**

**Applicant's Name:** \_\_\_\_\_

**Career & Technical Area:** (Please check mark the program for which you are applying.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Automotive Repair/Refinishing   | <input type="checkbox"/> Cosmetology                  | <input type="checkbox"/> Health Professionals & Related Clinical Sciences |
| <input type="checkbox"/> Automotive Technology           | <input type="checkbox"/> Drafting & Design Technology | <input type="checkbox"/> Agricultural Plant Systems & Technology          |
| <input type="checkbox"/> Building Trades Maintenance     | <input type="checkbox"/> Electrical Occupations       | <input type="checkbox"/> HVACR  |
| <input type="checkbox"/> Carpentry/Construction          | <input type="checkbox"/> Mechatronics                 | <input type="checkbox"/> Machine Technology                               |
| <input type="checkbox"/> Computer Technology             | <input type="checkbox"/> Culinary Arts                | <input type="checkbox"/> Printing Technology                              |
| <input type="checkbox"/> Cooperative Education /Guidance | <input type="checkbox"/> Health Science               | <input type="checkbox"/> Welding Technology                               |

**Applicant's Home Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Home Phone Number:**  
\_\_\_\_\_

**Applicant's E-mail Address:**  
\_\_\_\_\_

**Applicant's Place of Work and Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Work Phone Number:**  
\_\_\_\_\_

**Civic Organization Membership:**  
\_\_\_\_\_

**Applicant's Work History:** (Please list the 3 most recent job experiences related to your field of expertise.)

Place of Work	Position	Years in that Position	Duties/Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please continue on the back, if needed.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved for Recommendation by Director? \_\_\_\_\_ YES \_\_\_\_\_ NO Date: \_\_\_\_\_

Accepted by JOC? \_\_\_\_\_ YES \_\_\_\_\_ NO Date: \_\_\_\_\_