

## COLLIER COUNTY CITIZEN'S FOSTER CARE REVIEW BOARD, INC.

### Application for Appointment as Citizen's Foster Care Review Board Panel Member

|   |                               |  |                                 |                                 |                                  |
|---|-------------------------------|--|---------------------------------|---------------------------------|----------------------------------|
| How did you learn about the Citizen's Foster Care Review Board?   |                               |  |                                 |                                 |                                  |
| <b>PERSONAL INFORMATION:</b>  |                               |  |                                 |                                 |                                  |
| Name  |                               |  |                                 |                                 |                                  |
| Address   |                               |  |                                 |                                 |                                  |
| City  | State                         | Zip Code   |                                 |                                 |                                  |
| Home Phone  |                               | Cell Phone   |                                 |                                 |                                  |
| Email address   |                               |  |                                 |                                 |                                  |
| Sex   | <input type="checkbox"/> Male |  | <input type="checkbox"/> Female |                                 |                                  |
| Are you a full-time resident of Collier County?   |                               |  | <input type="checkbox"/> Yes    |                                 | <input type="checkbox"/> No      |
| If not, approximately what portion of the year do you spend in Collier County?                            |                               |  |                                 |                                 |                                  |
| Have you ever been arrested for a crime?  |                               |  | <input type="checkbox"/> Yes    |                                 | <input type="checkbox"/> No      |
| If yes, what charge?  |                               |  |                                 |                                 |                                  |
| Date of arrest  |                               | Where?   |                                 |                                 |                                  |
| Are you aware of any reason why a judge might be reluctant to appoint you as a member of the CFCRB Panel? |                               |  | <input type="checkbox"/> Yes    |                                 | <input type="checkbox"/> No      |
| If "Yes", please explain:   |                               |  |                                 |                                 |                                  |
|   |                               |  |                                 |                                 |                                  |
| <b>EDUCATIONAL BACKGROUND:</b>  |                               |  |                                 |                                 |                                  |
| Names Schools Attended  |                               | Address  |                                 | Approximate Dates of Attendance |                                  |
|   |                               |  |                                 |                                 |                                  |
|   |                               |  |                                 |                                 |                                  |
|   |                               |  |                                 |                                 |                                  |
| Highest level of education completed  |                               | Major areas of study   |                                 |                                 |                                  |
| Degrees Awarded   |                               |  |                                 |                                 |                                  |
| Do you speak languages in addition to English?  |                               |  | <input type="checkbox"/> Yes    |                                 | <input type="checkbox"/> No      |
| If "Yes", please list languages spoken:   |                               |  |                                 |                                 |                                  |
|   | <input type="checkbox"/>      | Spoken<br><input type="checkbox"/> Native <input type="checkbox"/> Fluent<br><input type="checkbox"/> Proficient <input type="checkbox"/> Intermediate | <input type="checkbox"/>        | Reading                         | <input type="checkbox"/> Writing |
|   | <input type="checkbox"/>      | Spoken<br><input type="checkbox"/> Native <input type="checkbox"/> Fluent<br><input type="checkbox"/> Proficient <input type="checkbox"/> Intermediate | <input type="checkbox"/>        | Reading                         | <input type="checkbox"/> Writing |
|   | <input type="checkbox"/>      | Spoken<br><input type="checkbox"/> Native <input type="checkbox"/> Fluent<br><input type="checkbox"/> Proficient <input type="checkbox"/> Intermediate | <input type="checkbox"/>        | Reading                         | <input type="checkbox"/> Writing |
|   | <input type="checkbox"/>      | Spoken<br><input type="checkbox"/> Native <input type="checkbox"/> Fluent<br><input type="checkbox"/> Proficient <input type="checkbox"/> Intermediate | <input type="checkbox"/>        | Reading                         | <input type="checkbox"/> Writing |

|  |                   |   |                          |                          |                              |                          |             |  |
|--|-------------------|---|--------------------------|--------------------------|------------------------------|--------------------------|-------------|--|
| Do you have formal or informal training or experience in any of the following areas? |                   |   |                          |                          |                              |                          |             |  |
| <input type="checkbox"/>   | Child Development | <input type="checkbox"/>                      | Counseling/Mental Health | <input type="checkbox"/> | Drug/Alcohol Abuse Treatment | <input type="checkbox"/> | Education   |  |
| <input type="checkbox"/>   | Law Enforcement   | <input type="checkbox"/>                      | Medicine                 | <input type="checkbox"/> | Public Speaking              | <input type="checkbox"/> | Social Work |  |
| <input type="checkbox"/>   | Writing           | Other areas of training you deem appropriate: |                          |                          |                              |                          |             |  |

Please provide a brief description of your experience or training. Furthermore, if there are other areas in which you have background or experience which you believe might be helpful to the CFCRB in fulfilling its mission, please provide a brief explanation.

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**EMPLOYMENT EXPERIENCE:** If you are currently employed, please provide the following experience with respect to your current employer. If you are not currently employed, please provide the information with respect to your most recent employers.

|  |  |         |  |
|--|--|---------|--|
| Employer   |  | Address |  |
| Dates of employment                                      |  |         |  |
| Name & Contact Information of Supervisor/Department Head |  |         |  |

Last position you held and brief description of your responsibilities

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**PERSONAL REFERENCES:** *If you were introduced to the CFCRB by a current Panel member, additional references are not necessary. If you were introduced other than by a current Panel member, please provide information with respect to two, non-relative individuals who can provide us with information about your personal experience and background.*

|           |  |       |  |              |  |     |  |
|-----------|--|-------|--|--------------|--|-----|--|
| Name      |  |       |  |              |  |     |  |
| Address   |  | City  |  | ST           |  | Zip |  |
| Telephone |  | Email |  | Relationship |  |     |  |
| Name      |  |       |  |              |  |     |  |
| Address   |  | City  |  | ST           |  | Zip |  |
| Telephone |  | Email |  | Relationship |  |     |  |

**EMERGENCY CONTACT INFORMATION:**

|                            |  |        |  |
|----------------------------|--|--------|--|
| Name:                      |  | Phone: |  |
| Relationship to Applicant: |  |        |  |

Much of the contact between the CFCRB and its volunteers is via electronic means, including emails and e-newsletters. It is essential that panel members have access to the internet on a regular basis to be informed and to receive their packages of information for hearings. Do you have the ability and equipment necessary to access the internet, obtain these materials and print documents?

YES  NO

Panel members will be scheduled to serve on approximately eight panels each year. Each panel will last for approximately one-half day. Preparation for each panel session will require a number of hours depending upon the number and complexity of cases. In addition, panel members are required to attend at least four in-service training sessions of approximately 1.5 hours in length each year. Each panel member is expected to make a two-year commitment to the CFCRB. Are you prepared to make these time commitments?

YES  NO

Service on panels is sensitive, complex, emotional and intensive work. Panel members must be able to read lengthy documents at a reasonable rapid pace and understand specialized health and mental health reports. Panel members must have the capacity to work as a team, interview individuals about sensitive issues, participate in group discussion and decision-making, and think critically. Are you aware of any reason why you would not be suited for or capable of performing this kind of activity?

YES  NO

***DISCLOSURE: Finger printing, child abuse registry, criminal history and other background checks deemed appropriate by the Citizen's Foster Care Review Board, Inc may be conducted and by submitting this application, you consent to such checks by signing this application form.***

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

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Return completed form ALONG with the signed Confidentiality Undertaking Agreement and Background Check form to: [cfcrcollier@gmail.com](mailto:cfcrcollier@gmail.com)

Or mail to:

CFCRB, Inc  
P.O. Box 10746, Naples FL 34101