



Citizen Review Panel

District 3 Application

Citizen Review Panels are federally mandated groups of professionals and private citizens who are responsible for determining whether state and local agencies are effectively discharging their child protective responsibilities. Our purpose is to improve services to children and families. We provide this assurance through case reviews and review of department policies and procedures

Full Name

Mailing Address

County of Residence:

Contact Numbers

Home/Cell:
Work:

Email Address

Current Occupation & Employer

Date of Birth

Level of Education

- Some high school (no diploma/or GED)
- GED or High School Diploma
- Some College
- College Degree
- Some Post-Graduate Work
- Graduate Degree

Gender

- Female
- Male

Ethnic Origin

- African American
- Asian
- Caucasian
- Latino/Hispanic
- Native American/Native Alaskan
- Pacific Islander
- Other

Are you, or have you been a foster parent?

- No
- Presently am
- Formerly was

Are you an adoptive parent?

- No
- Presently one
- Formally one

Are you able to attend a monthly 2 to 4 hour meeting, if scheduled in advance? Yes No

Please indicate which days you are NOT available

Are you willing to serve an initial two-year term on panel?

- Yes
- No

Please list any experience or knowledge you have had which relates to child welfare (e.g. child advocacy, adoption, abuse & neglect case worker, victim, mental health provider, etc.)

What are your reasons for wanting to serve on a Citizen Review Panel?

In what other organizations, activities, boards or volunteer activities are you involved?

List any potential conflicts of interest that you may have while serving on the Citizen Review Panel.

List three references (NO RELATIVES). Provide NAME, ADDRESS, PHONE #, and EMAIL.

How did you hear about the Citizen Review Panel? _____

I understand that the information contained in this application will be used to select a panel that is representative of our Health District 3 communities. I understand the Citizen Review Panel will conduct a criminal background and child abuse registry check. I understand my application does not ensure selection to a review panel. I also understand that if selected, I will not be reimbursed for out of pocket expenses incurred while conducting my duties. I further understand that if selected I will be called upon to attend all reviews/meetings of the Citizen Review Panel. I understand that I should expect to meet monthly for two to four hours. Finally, I agree to attend mandatory training/orientation as established by the Citizen Review Panel.

I agree to keep confidential ALL information reviewed by the panel, its actions and its recommendations and to not use any information I obtained from the work of the Citizen Review Panel.

Signature

Date:

To Submit Application:

Mail: Southwest District Health
Attn: Barbara Felty
13307 Miami Lane
Caldwell, Idaho 83807

Fax: 208-454-7722
Attn: Barbara Felty

Email: barbfelty@phd3.idaho.gov

Questions may be directed to Barbara Felty, at 208-455-5343

**AGREEMENT OF NON-DISCLOSURE AND CONFIDENTIALITY
CITIZEN REVIEW PANELS**

I, _____, hereby agree that all information obtained during my participation in the review of records of the Idaho Department of Health and Welfare as a member of a Citizen Review Panel pursuant to Idaho Code § 16-1647 shall not be released or redisclosed to anyone except as may be authorized by law. I understand that the information I have access to as a member of the Citizen Review Panel is protected under 42 U.S.C. § 5106a(b)(2)(B)(viii) and Idaho Code § 74-105(7). I further understand that my review of the information is for the sole purpose of serving on the Citizen Review Panel.

By my signature below, I acknowledge and understand the contents of this statement and agree to act at all times in accordance herewith.

Dated the _____ day of _____, _____.

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

Notary Public, State of Idaho
Residing in: _____
Commission Expires: _____

