



Citizen Review Panel

District 1 Application

Public Health
Prevent. Promote. Protect.

Panhandle Health District

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?

- Yes
- No

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 to evaluate the child welfare system?

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.

I understand that the information contained in this application will be used to select a panel that is representative of the community. I understand the Citizen Review Panel will conduct a criminal history 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: Panhandle Health District
Attn: Lora Whalen
8500 N Atlas Road
Hayden, Idaho 83835

Fax: 208-415-5111

Email: lwhalen@phd1.idaho.gov

Questions may be directed to Lora Whalen, Director at 208-415-5100