



Membership 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. Through a review of policies, procedures, and cases our purpose is to improve services to children and families. For more information please visit the [CRP](#) website.

Full Name

Mailing Address

Home Phone

Cell Phone

Work Phone

E-mail Address

Current Occupation & Employer

Date of Birth

Level of Education

Gender

Some high school (no diploma/
GED

Female

GED or High School Diploma

Male

Some College

College Degree

Some Post-Graduate Work

Graduate Degree

Ethnic Origin

Are you or have you been a foster parent?

Are you an adoptive parent?

African American/Black

No

No

Asian

Presently am

Yes

Caucasian

Formerly was

Latino/Hispanic

Native American/Native Alaskan

Pacific Islander

Other

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

Are you able to attend one set working day meeting a month from 11:30am-1:00pm?

Yes

No

Please indicate which days you are NOT available here:

What are your reasons for wanting to serve on a Citizen Review Panel to evaluate Kentucky's child welfare system?

Which Citizen Review Panel are interested in becoming a member

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, including but not limited to personal or professional experiences with services provided by the Cabinet for Families and Children.

Please list three references - NAME, ADDRESS & PHONE (no more than one relative):

I understand that the information contained in this application will be used to select a panel that is representative of the community. I understand that the Citizen Review Panel may conduct a criminal history check. The existence of a criminal record may or may not disqualify an applicant from selection process. I understand that my application does not ensure appointment to a review panel. I also understand that if appointed I will not be reimbursed for out-of-pocket expenses incurred while conducting my duties. Further, I understand that if appointed I will be called upon to attend all reviews/meetings of my assigned board. I understand that while there is variation from county to county, 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 that will be conducted during the CRP Annual Retreat (usually in August).

I agree to keep confidential ALL information reviewed by the panel, its actions and its recommendations and to not use any information in the reviews or meetings to my advantage.

Signature

Date

Mail application to:

Attn: Citizen Review Panel
Training Resource Center
1500 Bull Lea Rd, Suite 194
Lexington KY 40511

Fax Application to:

859-257-3918

E-mail Application to:

LaToya.Vaughn@uky.edu

****Contact the CRP Program Coordinator, LaToya Vaughn for assistance at: 859-257-7210 or LaToya.Vaughn@uku.edu**