

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?					
PERSONAL INFORMATION:					
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:					
EDUCATIONAL BACKGROUND:					
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 <input type="checkbox"/> Native <input type="checkbox"/> Fluent <input type="checkbox"/> Proficient <input type="checkbox"/> Intermediate	<input type="checkbox"/>	Reading	<input type="checkbox"/> Writing
	<input type="checkbox"/>	Spoken <input type="checkbox"/> Native <input type="checkbox"/> Fluent <input type="checkbox"/> Proficient <input type="checkbox"/> Intermediate	<input type="checkbox"/>	Reading	<input type="checkbox"/> Writing
	<input type="checkbox"/>	Spoken <input type="checkbox"/> Native <input type="checkbox"/> Fluent <input type="checkbox"/> Proficient <input type="checkbox"/> Intermediate	<input type="checkbox"/>	Reading	<input type="checkbox"/> Writing
	<input type="checkbox"/>	Spoken <input type="checkbox"/> Native <input type="checkbox"/> Fluent <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.

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

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

Or mail to:

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

**COLLIER COUNTY
CITIZEN’S FOSTER CARE REVIEW BOARD, INC.
Confidentiality Undertaking
by**

Applicant for Citizen’s Foster Care Review Board Panel Membership

The importance of confidentiality in the work of the Citizen’s Foster Care Review Board Panels (CFCRB) is emphasized in the Florida statute authorizing the creation of the panels. Subsection 4(d) of Florida Statutes Section 39.702 sets forth the requirement that the CFCRB shall:

"(4) (d) Ensure that all citizen review panel members have read, understood, and signed an oath of confidentiality relating to the citizen review hearings and written or verbal information provided to the panel members."

The Board of Directors of the Collier County CFCRB has adopted the following policy regarding Confidentiality:

Confidentiality is a matter of utmost concern to us and all information we receive shall, must be carefully guarded and used only in the strictest performance of our duties as panel members. In addition to following the specific guidelines outlined in this policy, panel members are expected to use common sense in dealing with any information, documents or other material which comes to their attention as a result of panel service.

- Panel members shall refrain from making inquiries or otherwise seeking information about any case other than inquiries made during a hearing in which they are participating.
- Panel members shall refrain from discussing any case or making comments about any case to any person (including other panel members, parties, other participants, attorneys, case workers and Guardian Ad Litem (GALs), except during a hearing and, in the case of panel members who participated in a hearing, during panel’s deliberations.
- Panel members should be aware that discussions of cases in a social or business context or in public places is inconsistent with this Confidentiality Policy. Even the most seemingly guarded and “private” conversation can reveal sensitive and private information and, therefore, must be avoided. The same applies to telephone conversations, text messages and email communications.

In summary, under no circumstances shall any written or verbal information provided to or obtained by panel members as part of a case review be shared with any person other than another panel member participating in consideration of the same case.

As part of your application to become a CFCRB Panel member, please sign and date below, thus acknowledging that you have read and understand and will comply with the forgoing Confidentiality Policy.

Applicant’s Printed Name

Applicant’s Signature

Date

Criminal History Information Request

Pursuant to provisions of Chapter 119 and Section 943.053, Florida Statutes, the Citizen's Foster Care Review Board Inc. of Collier County is requesting a criminal history record check on the following individual.

Last Name:					
First Name:		Middle Name:			
Other Names Used:					
Present Address:					
Previous Address:					
Race:		Sex:		Date of Birth:	
Social Security Number:					
Phone:		Mobile:			
E-Mail:					

I hereby give consent to Citizen's Foster Care Review Board, Inc. (CFCRB Inc.) to conduct a background check on me pursuant to Florida Statute 39-702-Citizen Review Panels.

Signature: _____

Date: _____