



# Citizen Review Panel

## Public Health District 2 Application

Serving Clearwater, Idaho, Latah, Lewis, Nez Perce Counties.

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

**Are you willing to have a Background check?**

- 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: Public Health-Idaho North Central District  
Attn: Carol Moehrle  
215 10<sup>th</sup> Street  
Lewiston, Idaho 83501

Fax: 208-799-0349

Email: [cmoehrle@phd2.idaho.gov](mailto:cmoehrle@phd2.idaho.gov)

Questions may be directed to Carol Moehrle, Director at 208-799-3100