

Wyoming Citizen Review Panel

Panel Member Application

The Citizen Review Panel is a federally mandated group of professional and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective responsibilities, pursuant to the 1996 amendments to the Child Abuse Protection and Treatment Act (CAPTA) and any subsequent amendments. Through a review of policies, procedures, research and case review, the purpose of the Citizen Review Panel is to promote child safety and quality services to children and families.

Address: _____
Street Address Town State Zip

Phone: _____
(Home) (Work) [Cellular]

EMAIL: _____

Current Place of Employment: _____

Job Title: _____ **Length of Employment:** _____

The Wyoming Citizen Review Panel's mission is:

To review our child welfare procedures throughout the system, offering summaries and recommendations for improvements benefiting children and families.

- Please tell us what this mission means to you and why you might think citizens should be involved in evaluating child welfare procedures, mental health services, substance abuse services and bridging the gap between child protective services and juvenile services in Wyoming?

NAME: _____

Last Name (printed)

First Name (printed)

Middle Name (printed)

DATE: _____

COUNTY: _____

The information from this application will only be used by the Wyoming Citizen Review Panel Executive Committee when considering potential reviewers.



- I have filled out a SS-26 Form (*Wyoming Central Registry and Criminal History Prescreen/pages 3 and 4 of this application*) and have submitted it with this application. If your current place of employment requires you to have this done, it does not need to be done again, but we do need a copy of the results for our records.
- I have filled out the information on page one and the panel member profile on page 5.
- I understand the responsibilities of being a Wyoming Citizen Review Panel Member and that I will be asked to sign a confidentiality statement prior to becoming a member. In addition, I agree to participate to the best of my ability and agree to abide by the by-laws and policy and procedures of the Wyoming Citizen Review Panel in all related business.

Signature: _____ **Date:** ____/____/____

Note: You are not required to answer the following questions. However, they are asked so that the Panel may reflect the demographics of Wyoming as required by law.

Race: *(please check one below)*

- ☐ African-American
☐ American Indian
☐ Asian
☐ Alaskan Native/Pacific Islander
☐ Euro-American
☐ Hispanic
☐ Other *(please describe)* _____

Gender: *(please check one below)*

- ☐ Male ☐ Female

Disabled: *(please check one below)*

- ☐ Yes ☐ No *(If "Yes," explain needed accommodations)*

Please return the completed printed or typed application to the address below:

Wyoming Citizen Review Panel, Inc.
PO Box 1504
Cheyenne, WY 82003-1504



Wyoming Citizen
Review Panel

If you need further information or assistance with this application, please call (307) 632-0032 or email wycrp@wycrp.org. You may also fax a completed application to (307) 632-1591 or download this form at <http://www.wycrp.org>, fill it out and email it to wycrp@wycrp.org as an attachment.

Office Use Only	Received: _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Declined Comments: _____

Panel Member Profile

We ask that you complete the following and return it to the Wyoming Citizen Review Panel office. We are asking for this information to better know and connect with panel members from all across Wyoming. The information also helps to describe the diversity of panel members in aggregate form.

Name Please add your preferred title (Mr., Mrs., Ms.) and degrees or certifications (AA, BS, MPA, MD, LCSW, etc.)	Title	Full Name	Certifications
Address (Mailing, City, State, Zip) (email and preferred phone)			
Age Category (Check one)		Comment(s)	
18-25			
26-40			
40-55			
55-67			
67+			
Gender (M or F)			
Race (Check one)			
African-American			
Asian/Pacific Islander			
Caucasian			
Hispanic/Latino			
Native American			
Other:			
Occupation If retired please note that but add your former occupation.			
Skills Please list specific skill sets you possess.			
Hobbies Sometimes leisure activities are very useful in volunteer work.			
Volunteer History Please list other volunteer work you have done in the past.			
Community Connections Connections you have in your community or Wyoming that may help connect the work of the WYCRP to your community.			

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