



Georgia Department of Human Services

Division of Family & Children Services

Georgia's Citizen Review Panel

MEMBERSHIP APPLICATION

States are required to develop and maintain a panel of citizen volunteers to determine whether the state is effectively providing child welfare services. Volunteers are both professionals and private individuals. Panels are tasked with ongoing assessments of policies and procedures and making recommendations for improvements.

Current panel member recruitment is for North, South, and Metro Districts of Georgia. During the application, you may indicate your 1st or 2nd preference. However, the decision of the Division you are placed in will be final.

Eligibility:

To be eligible to join a Georgia Citizen Review Panel, you must meet the following criteria:

- You are a citizen of the state of Georgia
- You live or work in the district in which you are applying for membership
- You are willing to go through the necessary steps to obtain and provide required copies of the Georgia Department of Human Services/DFCS Clearances
- You DO NOT currently work for the GA Department of Human Services/DFCS and
- You have not had an open/active substantiated case with GA or any other state child welfare agency for at least three (3) years

Before you begin:

- Have your resume ready to upload towards the end of this application
- Have three references in mind that can speak to your experiences and character that we may contact
- Should you start this application and need to stop, you may return to the application at a later time so long as you are using the same computer, internet browser, and complete the application within two weeks of starting
- Estimated time to survey completion is approximately 20 minutes

Confidentiality & Privacy:

The information that you submit here will be housed and managed by The J.W. Fanning Institute for Leadership Development for three years after the closing of this application, after which time, all data on Qualtrics or Fanning servers will be deleted. Upon submitting your application, a copy of this application will be sent to the state DFCS office for review and approval. The information submitted will also be used to contact your references who will be notified that you are applying to be a member. The J.W. Fanning Institute for Leadership Development and state DFCS office will make reasonable effort to protect the data you share in your application.

DHS is currently updating the CAPTA Panel webpage and more information will be available soon. In the meantime, if you have any questions, comments, or would like to discuss more about the CAPTA panel, please contact Estelline Beamon at gacrp@dhs.ga.gov.

Please scan and return your completed application to gacrp@dhs.ga.gov.

ALL FINAL DECISIONS ON MEMBERSHIP WILL BE MADE BY THE STATE DFCS OFFICE

What is your first and last name?

What is your address?

Street Address

City/Town

County

State

Zip Code

What is your phone number?

What is your email address?

What is your gender?

What is your ethnicity?

Have you ever been employed by the GA Department of Human Services/DFCS?

Yes (1)

No (2)

If yes, where, start/end date of employment, and in what capacity?

Are you or have you been a foster parent?

- No
- Presently am
- Previously was

Are you or have you been an adoptive parent?

- No
- Presently one
- Previously one

Are you currently employed?

- No
- Yes

Occupation/position:

Job responsibilities, skills, experience:

Employer:

Work address:

Street Address

City/Town

County

State

Zip Code

Employer phone number:

Employer email address:

Which of the following system partners have you worked for/with:

- Attorney/Judges
 - Child Protective Services
 - Community Services
 - Court Appointed Special Advocates (CASA)
 - Drug and Alcohol Services
 - Education
 - Faith-Based
 - Foster Care/Parent
 - Juvenile Probation
 - Immigration Services
 - Mental Health/Intellectual & Developmental Disabilities Services
 - Military and/or Law Enforcement
 - Medical/Health Care
 - Lived Experience
 - Other (please explain)
-
-

What additional personal or professional experiences do you have with the child welfare system?

In what other organizations, activities, boards, or volunteer activities are you involved?

Where did you hear about the citizen review panel? (please be as specific as possible)

Did you receive an email from a listserv?

No

Yes

If yes, which listserv?

Did you receive a referral to join?

No

Yes

If so, from whom

Why are you interested in serving on the Citizen Review Panel?

What do you hope to get out of the experience?

Are you willing to serve a three-year term on the panel?

No

Yes

Can you commit to attending a minimum of 3 (of 4) meetings per year (two quarterly district meetings and two all-panel events)?

Yes

No

Do you have any reservations or conflicts of interest related to serving as a volunteer panel member?

Yes

No

If yes, explain:

Of the North, Metro, and South districts, which is your preferred district of service?

First Choice

Second Choice

Please list special skills, interests, or relevant experience that would be beneficial to the Panel.

Have you been convicted of a crime (non-traffic violations)?

No

Yes

If yes, please explain:

Is there anything else you'd like us to know when considering your application?

Please initial here if you are willing to serve an initial term of three (3) years on the Panel.

Please initial here noting that you are willing to participate in at least 3 of 4 panel meetings each year. _____

As part of the application for Panel membership, a background check will be conducted. Please provide your signature here consenting to the background check (more details will be provided)

Signature: _____

Date: _____

Please list the names, complete addresses (including zip code), relationship, and daytime phone numbers of three references

Reference 1:

Name

Address (street, city/town, county, zip)

Phone

Email

Relationship

Reference 2:

Name

Address (street, city/town, county, zip)

Phone

Email

Relationship

Reference 3:

Name

Address (street, city/town, county, zip)

Phone

Email

Relationship

Please include a copy of your resume with your completed application.

I submit that the statements on this application are true, complete, and correct to the best of my knowledge. In addition, I confirm the following statements:

- I understand that falsification on this application may disqualify me from consideration or may result in dismissal at a later time.**
- I understand that the information contained in this application will be used to select a panel that is representative one of three districts within Georgia DHS/DFCS.**
- I understand the Citizen Review Panel will conduct a criminal background and child abuse registry 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 and participate in the activities of the Citizen Review Panel.**
- I understand that I should expect to meet quarterly for two to four hours.**
- I agree to attend mandatory training/orientation as established by Georgia's Citizen Review Panel in collaboration with DHS/DFCS.**

Signature: _____

Date: _____