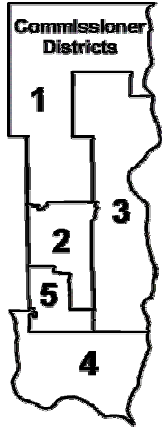




APPLICATION FOR APPOINTMENT TO AN
ADVISORY COMMITTEE, COMMISSION



Committee of Interest

INSTRUCTIONS:

- 1. Please see the back of this form for a list of Advisory Committees/Commissions in Washington County, and enter the committee name for which you are applying in the space above.
2. Please complete one application for each committee appointment you are seeking.
3. Persons applying to certain committees may be asked to interview with the County Board of Commissioners.
4. Notice of Rights Identified on back.

(Please Print)

NAME: Last First Middle

ADDRESS: Street City State Zip

TELEPHONE: Home Business

FAX NO.: E-MAIL ADDRESS:

IN WHICH COMMISSIONER DISTRICT DO YOU RESIDE?

IF YOU RESIDE IN A TOWNSHIP, PLEASE LIST:

LIST EXPERIENCE OR SKILLS YOU HAVE RELATING TO THE APPOINTMENT YOU ARE SEEKING:

LIST SPECIAL OR PERSONAL INTERESTS RELATING TO THE APPOINTMENT YOU ARE SEEKING:

WHY DO YOU WANT THIS APPOINTMENT?

Thank you for taking the time to fill out these applications. Mail the two completed applications to:

Community Services Department
Attention: Citizen Review Panel
Washington County Government Center
14949 62nd Street North
P.O. Box 30
Stillwater, MN 55082-0030

Date Signature of Applicant

If you need assistance due to disability or language barrier please call 651-430-6001 (TTY 651-430-6246) AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

# ADVISORY BOARDS, COMMITTEES & COMMISSIONS

- Audit Advisory Committee
- \* Board of Adjustment & Appeals
- \* Child Protection Citizen Review Panel
- Community Corrections Advisory Board
- Community Development Block Grant  
Citizen Advisory Committee
- Community Services Advisory Committee
- Groundwater Advisory Committee
- Historic Courthouse Advisory Council
- Housing & Redevelopment Authority
- Library Board
- Local Advisory Council on Mental Health
- Minnesota Extension Committee
- Parks & Open Space Commission
- Personnel Board of Appeals
- \* Planning Advisory Commission
- Public Health Emergency Preparedness  
Advisory Committee
- Sentence to Service Advisory Board
- Veterans Rest Camp
- \* Workforce Investment Board

**\*If you are interested in appointment to the Board of Adjustment & Appeals, Child Protection Citizen Review Panel, Planning Advisory Committee, or the Workforce Investment Board, please complete the attached questionnaire:**

## NOTICE OF RIGHTS

In accordance with the Minnesota Government Data Practices Act, Washington County is required to inform you of your rights as they pertain to private information collected from you. Private data is that information which is available to you, Washington County Administration and the department to which you are applying but not to the public.

The purpose of the collected information is to determine your eligibility to participate on a commission or advisory board. Furnishing the requested information is voluntary, although refusal to supply the information may make you ineligible for an appointment.

Names and home addresses of applicants for appointment to and members of an advisory board or commission are public, as are rank on eligibility list, job history, education, training and work availability. All other information obtained from you is private.



# Application

## Volunteer Citizen Review Panel Member

The Minnesota Department of Human Services' policy and federal law prohibits discrimination based on race, creed, sex, religion, mental or physical disabilities, age or marital status. Questions of this nature are asked for general background purposes only. *\*You are not obligated to supply this information.* If you do not answer these questions it will not affect consideration given to your application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*Male: \_\_\_\_\_ \*Female: \_\_\_\_\_ \*Birth date: \_\_\_\_\_

Person To Notify In Case of Emergency: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Additional Information

Relevant Training, Degrees, Certificates and Licenses:

Where did you hear about the Citizen Review Panel?

Please list special skills, interests or relevant experiences.

What strengths do you have that would be beneficial to the Panel?

Have you been convicted of a crime, other than minor traffic violations?

If yes, please explain. Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or has anyone in your family been involved with the Social Services or Court systems? If yes, please explain. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, did you feel you were treated fairly? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

Are you willing to serve an initial term of two years on the panel? Yes \_\_\_\_\_ No \_\_\_\_\_ (over)

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**Narrative Questions**

Why do you want to become a citizen review panel member?

What do you hope to get out of this experience?

Do you have any reservations about serving as a volunteer panel member?

In order to promote the integrity of the citizen review panel, ensure confidentiality is maintained, to protect the safety of the volunteer panel members and those involved with the agencies and cases reviewed, we use many methods of screening, including criminal and child maltreatment records checks. Are you willing to allow us to conduct a thorough background check on you? Yes\_\_\_\_\_ No\_\_\_\_\_

**References**

Please list the names, **complete addresses, including the zip code**, and daytime phone numbers of three references.

1.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I submit the statements on this application are true, complete and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Thank you for taking the time to fill out these applications. Mail the two completed applications to:  
Community Services Department  
Attention: Citizen Review Panel  
Washington County Government Center  
14949 62nd Street North  
PO Box 30  
Stillwater MN 55082-0030**