



Citizen Review Panel – Public Health District V

Intent to Serve

Serving Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls counties.

Citizen Review Panels are groups of citizens who are responsible for determining whether state and local agencies are effectively discharging their child protective responsibilities. The panel's purpose is to provide recommendations and observations that might help to improve services to children and families. As a member of the CRP, you will review IDH&W cases, policies and procedures.

Full Name	Email address

Mailing Address	Best Contact Number(s)
County of Residence:	Home: Cell: Work:

- Are you able & willing to attend a 2-3 hour meeting every other month? Yes No
- Are you willing to serve an initial two-year term on panel? Yes No
- Are you willing to complete a fingerprint & background check? Yes No

Please Provide:

- ✓ **Three references:** NAME, EMAIL ADDRESS, PHONE NUMBER, RELATIONSHIP
- ✓ **Cover letter:** Why you are interested in the CRP? What strengths would you bring to the Panel?
- ✓ **Resume**

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, including fingerprints. I understand my application does not ensure selection to the review panel. I understand that panel members are not reimbursed for out-of-pocket expenses incurred while conducting CRP duties. I understand the importance of attending all CRP meetings, currently held every other month for 2-3 hours. I agree to attend mandatory training/orientation as established by the Citizen Review Panel and/or IDHW.

I agree to keep confidential ALL information reviewed by the panel, as well as panel actions and recommendations. I agree to NOT use or share any information I obtain from the work of the Citizen Review Panel.

Signature	Date
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To submit application, use any of the three modes below:

Mail: Citizen Review Panel – Public Health District V Attn: South Central Public Health District – Logan Hudson 1020 Washington Street North Twin Falls, ID 83301	Fax: 208-734-9502	Email: lHUDSON@PHD5.IDAHO.GOV
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Please direct any questions to the email listed above.