Print Form

Citizen Review Board Member Application
Complete this form and return via instructions below:

Mail Application to:	Contact the CRB Volunteer Resource Coordinator for assistance at:
Attn: Volunteer Resource Coordinator **Citizen Review Board** **1163 State Street** **Salem, OR 97301** **Fax application to:** 503.986.5859	503.986.4535 crb.volunteer.resources@ojd.state.or.us

Name

Last First Initial

Mailing Address

City State Zip

Email Address

Phone

Home

Work

Cell

County

How did you hear about our program?

SSN

(needed for criminal history check)

Current Occupation & Employer

Previous Employment

The following questions are used to select a local board that is representative of the community

Date of Birth ☐Male ☐Female

Level of education (Check highest level completed):

☐Some high school (no diploma/GED) ☐College degree

☐GED or High School Diploma ☐Some post-graduate Work

☐Some college ☐Graduate degree

Ethnic Origin (Check all that apply):

☐Caucasian ☐African American/Black ☐Pacific Islander

☐Asian American ☐Latino/Hispanic ☐Native American/Native Alaskan

Household Income Level

☐Under $10,000 ☐$25,000-$34,999 ☐$75,000-$99,999

☐$10,000-$14,999 ☐$35,000-$49,000 ☐$100,000-$149,999

☐$15,000-$24,999 ☐$50,000-$74,999 ☐$150,000-$199,999

☐Over $200,000

Are you or have you been a foster parent? ☐No ☐Presently am ☐Formerly was

Are you or have you been an adoptive parent? ☐No ☐Presently am ☐Formerly was

Please list any experience you have had which relates to foster care or child welfare (e.g., child advocacy, adoption, etc.)

Are you able to attend reviews one set working day a month from 8:00 a.m. to 5:00 p.m.?

☐ Yes ☐ No Please indicate which days you are **not** available here:

What are your reasons for wanting to serve on the Citizen Review Board?

In what other organizations are you involved?

Please list three references (no more than one relative):

Name	Address	Phone

☐ I understand that the Citizen Review Board will conduct a criminal history check. The existence of a criminal record may or may not disqualify an applicant from appointment. I understand that my application does not ensure appointment to a review board. I understand that the required orientation training will be part of the screening criteria in considering my appointment to a local board. I also understand that if appointed I will not be reimbursed for out-of-pocket expenses incurred while conducting my duties. Further, I understand that if appointed I will be called upon to attend all reviews of my assigned board. I understand that while there is variation from county to county, I could expect to meet monthly for four to eight hours. Finally, I agree to attend mandatory training as established by the Citizen Review Board.

☐ I agree to keep confidential all information reviewed by the board, its actions and its recommendations, and to not use any information in the reviews to my advantage.

Signature Date

Applications will be forwarded to the judge or the judge's designee in your county. Board members successfully completing the application process will be appointed by the Chief Justice of the State of Oregon