

# Parent Advisory Collaborative Application



**ARIZONA**  
DEPARTMENT  
*of* CHILD SAFETY

*Help the Department of Child Safety (DCS) strengthen communities. Feedback from Parent Advisory Collaborative (PAC) members will help design brochures, public service announcements and presentations about prevention activities that promote parenting tips, healthy relationships, safe sleep, community resources and more.*

## Contact Information

Name	Phone	Street Address		
Email	City	State	ZIP	

## Your Experience with DCS

*If you had a DCS case, describe your experience with DCS and the input you can provide that supports the purpose of the DCS Parent Advisory Collaborative.*

## Challenges and Achievements

*If you had a DCS case, what challenges did you face during your DCS case, if any, and what actions did you take to overcome them? What do you continue to do today that keeps you emotionally healthy (12-step meetings, hobbies, self-care activities, etc.)?*

## Your Family

*Describe your family and what you feel makes them unique.*

## Criminal History

*If you have a criminal history, please state your criminal history and what steps you took to resolve these issues (applicants will not be disqualified solely on the basis of criminal history).*

## Your Participation

*How do you think your participation with the Parent Advisory Collaborative will be meaningful or helpful to the group, or yourself? In the past have you been a mentor to other parents in the community?*

## References

*Please provide 1-3 references, if applicable, who could express why you would be a great candidate for this group. Please provide, name and contact information.*

## Availability

*Are you able to attend 4 meetings a year? The meetings will be no more than 4 hours long and will be in the Phoenix area. You will be reimbursed for travel and childcare, and you will be provided a meal. A \$25 stipend is paid per meeting.*

**Yes**      **No**      **Maybe**

## Your Commitment

*Are you willing to participate in the subcommittees that are part of the Parent Advisory Collaborative?*

**Yes**      **No**      **Maybe**

*Are you able to commit to participating on the Parent Advisory Collaborative for one year?*

**Yes**      **No**      **Maybe**

## Agreement and Signature

*Thank you for completing this application form and for your interest in becoming a member of the Arizona Department of Child Safety Parent Advisory Collaborative. By submitting this application, you affirm that the facts set forth in it are true and complete. If you are accepted as a volunteer, any false statements, omissions, or other misrepresentations made by you on this application may result in your immediate dismissal.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date