

**FRIENDS National Center for Community- Based Child Abuse Prevention Parent Advisory Council (PAC)**

**Organization Nomination/Reference of Parent Leader**

This form is to be filled out by CBCAP State Lead Agency Staff or a referring local organization providing child abuse prevention services to nominate or serve as a reference for a parent leader

Nominations for the FRIENDS National Center for CBCAP PAC must be submitted by **October 31, 2023.** Completed Organization Nomination / Reference must accompany the Parent Nomination forms and both may be completed electronically between 10/15-31/23 or emailed prior to 10/31/23 to [mjcaruso@friendsnrc.org](mailto:mjcaruso@friendsnrc.org). If you have questions about the nomination process, please contact MaryJo Alimena Caruso of FRIENDS NC for CBCAP at (724) 591 5448 or [mjcaruso@friendsnrc.org](mailto:mjcaruso@friendsnrc.org).

1. **Information about Referring / Nominating Organization:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Nominating Organization: | |  | |
| Organization’s Contact Person and Title: | |  | |
| Address: |  | | |
|  | City: | State: | Zip: |
| Phone Number(s): | |  | |
| Email: | |  | |
| Are you the CBCAP State Lead Agency?  (circle one) YES NO | | If no, are you a Local Prevention Program?  (circle one) YES NO (if no please specify) | |
| Is your state currently represented by a parent leader on the FRIENDS PAC? | | To view the map of PAC members please see: <https://friendsnrc.org/parent-leadership/parent-advisory-council/>  (circle one) YES NO, Never NO, Not Currently | |

1. **Parent Leader Nominee Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Nominee: |  | | |
| Nominee Home / Mailing  Address: | Street | | |
|  | City: | State: | Zip: |
| Phone Number(s): |  | | |
| Email: |  | | |

1. **How do you know this parent leader?**
2. **Why do you think this parent leader would be a strong candidate for the FRIENDS National Center for CBCAP Parent Advisory Council?**
3. **The FRIENDS PAC is seeking potential leaders with experience or expertise with specific CBCAP target populations, activities, or priority areas. Please check all that apply to the nominee:**

* ***Resides in a rural or frontier community***
* ***LGBTQIA2S+ Families***
* ***Previously experienced incarceration***
* ***Parenting with a disability (example: physical or intellectual)***
* ***Represents a Tribal or Migrant population***
* ***Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

1. **How has this parent served in a leadership capacity in your organization or state? For example, what roles have they held? How have they served as a change agent for prevention?**

1. **What types of community, faith, school or other organizational activities has the parent been involved in?**
2. **Have you ever observed this parent speaking to large groups, serving as a co-trainer or working with the media? If yes, please describe.**
3. **Please review the expectations and requirements of PAC candidates listed in the 2023 Call for Nominations. Is this parent leader able to independently or be supported by your organization to fulfill the responsibilities for a 3-year term? Please explain.**
4. **What else would you like to share with FRIENDS about this nominee?**

**SUBMISSION INSTRUCTIONS: this form can be completed and submitted electronically on the FRIENDS website after 10/15/23 or completed manually and emailed to MaryJo Caruso at** [**mjcaruso@friendsnrc.org**](mailto:mjcaruso@friendsnrc.org)**. Organizational References will only be considered if the recommended parent completes a separate Parent Nomination form. Nominations will be accepted thru 10/31/23.**