**FRIENDS National Center for CBCAP Parent Advisory Council**

**Parent Application Form**

This form is to be filled out ***by the parent leader*** seeking to be nominated to serve as an advisor on the

FRIENDS National Center for Community Based Child Abuse Prevention PAC

Nominations for the Friends National Center (FRIENDS) for CBCAP Parent Advisory Council must be **submitted by October 31, 2023.** This form is provided to assist the FRIENDS PAC to learn more about your interest in serving as a parent advisor on the FRIENDS Parent Advisory Council. Parents may self-nominate by completing this ***Parent Application Form*** online or sending the required information below to MaryJo Alimena Caruso via email [mjcaruso@friendsnrc.org](mailto:mjcaruso@friendsnrc.org) by the 10/31/23 deadline.

Nominating CBCAP State Lead Agency, child abuse prevention program or community organizations (if applicable), must complete a separate ***Organization Reference / Nomination form*** either online or send the required information via email to [mjcaruso@friendsnrc.org](mailto:mjcaruso@friendsnrc.org)

To learn more about FRIENDS and the FRIENDS PAC, visit [www.friendsnrc.org](http://www.friendsnrc.org). For questions regarding the nomination process, contact MaryJo Alimena Caruso at (724) 591 5448 or [mjcaruso@friendsnrc.org](mailto:mjcaruso@friendsnrc.org) .

**1. Parent Advisory Council Nominee Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your Name: | | |  | |
| Your complete  Address | Street: | | | |
|  | City: | State: | | Zip: |
| Cell Phone Number(s): | |  | | |
| Your Email (please provide an email address that you have access to on a daily basis | |  | | |

1. **Have you or are you currently raising a child?**  Please circle: Yes No

If so, what ages (check all that apply) \_\_\_ 0-3 \_\_\_ 4-6 \_\_\_ 7-10 \_\_\_ 11-15 \_\_\_ 16+

Total number of children: \_\_\_\_\_\_\_\_

1. **How have you, the nominee, participated within the community, in child abuse prevention, or (if applicable) with the nominating organization?**
2. **What is the length of time of your participation and what role(s) have you held within the organization?**
3. **The FRIENDS PAC is seeking potential leaders with experience or expertise with specific CBCAP target populations, activities, or priority areas. Please check any / all that apply:**

* ***Families living in rural communities***
* ***Parents with disabilities (ex. Intellectual or physical)***
* ***Parents representing Tribal and Migrant populations***
* ***LGBTQIA2S+ Families***
* ***Parents who have previously experienced incarceration***
* ***Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

1. **What are your concerns for children, for your own children as well as the children in your community?**
2. **How has your participation with a local or community prevention organization (such as the Community Based Child Abuse Prevention State Lead Agency or Program, Child Abuse Prevention or Partner Agency) changed the lives of you, your children, or family?**
3. **Please describe any parent leadership roles you have held (including those that have occurred within your greater community or state) and experience as a change agent or advocate.**

1. **Please list your experience in providing training, journalism / newsletter development, translation review of Spanish material, speaking with the media or participating in any other public events.**

1. **Why do you want to serve as an advisor on the FRIENDS NC for CBCAP Parent Advisory Council (PAC)?**

1. **Can you commit to participating in monthly virtual (Zoom) Council meetings that last approximately 1.5 hours on the second Thursday of the month @ 6:30 pm ET and occasional virtual leadership opportunities?**
2. **Do you have daily access to a computer, the internet and email?**

1. **Are you able to travel once per year to the PAC Retreat and Annual CBCAP Grantees Meeting? (Travel expenses will be paid, there may be certain minor expenses requiring reimbursement AFTER travel is completed)**
2. **What more would you like to tell us?**

**SUBMISSION INSTRUCTIONS**:

**Parent Leaders/ Nominee**: All parent / family leaders must complete a self-nomination application form. This form must be completed by the parent even if the parent is nominated by an organization. Parent / family leader, please complete the online form. If you do not have access to the online form, you may respond to the questions above and return it to **MaryJo Alimena Caruso at** [**mjcaruso@friendsnrc.org**](mailto:mjcaruso@friendsnrc.org)

**Nominating CBCAP State Lead Agency Staff or Local Program:** Please complete the separate Organizational Reference online form to be used as additional nomination information for this parent leader nominee.