

# PARENT ADVISORY COUNCIL APPLICATION



The Division of Children and Family Services (DCFS) is accepting applications for the Parent Advisory Council. Parents who are interested in partnering with the division's prevention and reunification unit to strengthen families are encouraged to apply. We are seeking parents who have prior experiences using community-based prevention services or previous involvement in the child welfare system.\* All applicants must provide the name of child welfare representative, community-based service provider or another community stakeholder as a professional reference.

If you are interested in being considered to serve as a council member, please complete an application and submit it to Bethany Baldwin at [behany.baldwin.dhs@dhs.arkansas.gov](mailto:behany.baldwin.dhs@dhs.arkansas.gov) by January 31.

\*Applicants who have had previous involvement with the child welfare system must have a case that has been closed at least 8 months, and applicants in addiction recovery must have completed a treatment program at least 12 months prior to applying.

The full timeline for the recruitment and selection process is described below:

- **February 15, 2022:** Deadline to apply.
- **March 2022:** Application review and selection process takes place.
- **April 2022:** Two-day orientation session for all new Parent Advisory Council members.

## CONTACT INFORMATION

Bethany Baldwin | [Bethany.Baldwin.dhs@dhs.arkansas.gov](mailto:Bethany.Baldwin.dhs@dhs.arkansas.gov) | [AR.GOV/PAC](https://www.ar.gov/pac)

# MEMBERSHIP APPLICATION

Please complete this application form if you are interested in being considered as for the Parent Advisory Council. All information is required unless otherwise stated.

Or if you prefer to complete the application online, it is available at [ar.gov/pac](http://ar.gov/pac)

## CONTACT INFORMATION

**Name:**

**Address:**

**Phone Number:**

**Email Address:**

**Preferred Contact Method**  
check all that apply:  Phone Call  Text Message  Email

## PROFESSIONAL REFERENCE INFORMATION

Please list contact information for the professional reference from child welfare or other community--based services as a reference:

**Nominator's Name:**

**Telephone Number(s):**

**Email Address:**

Please answer the following questions. Feel free to attach additional sheets of paper if needed.

After reviewing the Parent Advisory Council member description, please tell us why you are interested in becoming a Council member?

◆ Please share any experiences that you have had with the child welfare system, services you've received, or child welfare intervention or prevention services in which you participated.

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◆ If you have any work, volunteer experience, education, or training that would support the work outlined in the member description, please share below.

◆ If COVID conditions allow, are you able to attend three in-person meetings annually in Little Rock or another city outside of your residential city? (All travel, meal, lodging and childcare expenses will be paid)

◆ Other than COVID-19 safety precautions, do you have any special travel requirements? If yes, please explain.

◆ Are you able to participate in virtual and in-person meetings? Types of meetings could include special projects, orientation, and speaking opportunities.

◆ What other support would you need to be able to participate in the council?



Please describe any other experience or knowledge you have that you believe will be beneficial in this role or anything else you would like to share.

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Signature

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Date