

Application for the Alaska Citizen Review Panel

Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work phone: _____

E-Mail: _____ Cell Phone: _____

Additional Information:

1. Where did you hear about the Citizen Review Panel?
2. Please list special skills, interests or relevant experiences.
3. What strengths do you have that would be beneficial to the Panel?
4. Have you been convicted of a crime?
If yes, please explain. Yes ___ No ___
5. Have you or has anyone in your family been involved with the Social Services or Court systems? If yes, please explain. Yes ___ No ___
6. If yes, did you feel you were treated fairly? Yes ___ No ___ Explain:
7. Are you willing to serve an initial term of two years on the panel? Yes ___
No ___
8. Do you have any reservations about serving as a volunteer panel member?

In order to promote the integrity of the Citizen Review Panel and to protect the volunteer panel members we do require a confidentiality agreement be signed at the time of appointment to the CRP to ensure confidentiality is maintained.

Please include your resume with this application.

References:

Please list the names, complete addresses, including the zip code, and daytime phone numbers of three references.

1.

2.

3.

I submit the statements on this application are true, complete and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Signature: _____ Date: _____

Thank you for taking the time to fill out this application. Return the completed application to:

Sylvan Robb
CRP Coordinator
Information Insights
212 Front St., Suite 100
Fairbanks, AK 99701
Fax: 907-450-2470