



# MEMBERSHIP APPLICATION

## Citizen Review Panel

2020-2021



# Alaska Citizen Review Panel

## MEMBERSHIP APPLICATION – 2020-2021

Name:	
Occupation/Employer:	
Address:	
City/State:	Zip:
E-Mail:	Phone:

1. Why are you interested in serving on the Citizen Review Panel?

2. Please list special skills, interests or relevant experiences.



## Alaska Citizen Review Panel

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\_\_\_\_\_



# Alaska Citizen Review Panel

7. Do you have any reservations about serving as a volunteer panel member?
  
8. \_\_\_\_\_ Please initial here noting you are willing to serve an initial term of three years on the panel?
  
9. \_\_\_\_\_ Please initial here noting you have reviewed the Alaska Citizen Review Panel Policies and Procedures document, and that you are willing to adhere to the policies outlined including your commitment to participate in 65% or more of panel meetings.

## **BACKGROUND CHECK:**

As part of the application for panel membership, a background check will be conducted. Please provide your signature here consenting to the background check (more details will be provided)

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Please print your name, sign and date

## **REFERENCES:**

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

1.

2.

3.



# Alaska Citizen Review Panel

## **RESUME:**

Please include a copy of your resume with your completed application.

## **SIGNATURE:**

I submit the statements on this application are true, complete and correct to the best of my knowledge. I have reviewed the Alaska Citizen Review Panel Policies and Procedures and agree to their contents. 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: [admin@crpalaska.org](mailto:admin@crpalaska.org)**