



**CHILD ADVOCACY CENTER OF WARREN COUNTY (CACWC)
EXECUTIVE STEERING COMMITTEE MEMBER APPOINTMENT APPLICATION**

*The Mission of the Child Advocacy Center of Warren Counties
is to serve abused and neglected children through a multi-agency response of intervention and education.*

CACWC Executive Steering Committee Members are selected based upon a demonstrated commitment to children, involvement within the Warren County community, the ability to identify fundraising and grant opportunities in order to strengthen the financial condition of the CACWC, and the ability to effectively work with the Executive Steering Committee members and staff to achieve the stated purpose of the CACWC.

The functions of the Executive Steering Committee are to work together for the fulfillment of the CACWC's mission, including promoting the efficient gathering and sharing of information, broadening the knowledge base with which decisions are made by including information from many sources, and striving to improve communication among agencies. The Executive Steering Committee also establishes and updates an Interagency Protocol for the conduct of services provided by the CACWC.

Executive Steering Committee Member Duties:

- 1) Attend all Executive Steering Committee meetings
- 2) Attend any mandatory Executive Steering Committee trainings
- 3) Participate in National Children's Alliance accreditation Review interviews (as applicable)
- 4) Maintain professional licenses (if applicable)
- 5) Serve on applicable subcommittees as needed

Applicant Type (Applicants can select any of the applicable categories)

Other Governmental/Community Agency Member:

At-Large Member:

Personal Information

Name:	
Address:	
City:	Zip Code:
County of Residence:	
Preferred Phone Number(s):	
Preferred e-mail Address(es):	
Preferred Mailing Address:	

Current Employment

Company:	
Job Title:	
Address:	
City:	Zip Code:

Relevant Education, Experience and/or Employment: Please attach resume.

Community Organization Affiliations (past and present) – Include volunteer positions, board/committee memberships (A separate sheet may also be attached.)

Organization	Role	Dates

Please circle area(s) of expertise/contribution you feel you can make to further the mission of the CACWC:

- | | | |
|---------------------------|-------------------------------|-----------------------------|
| Youth Outreach / Advocacy | Finance /Accounting | Graphic Design / Technology |
| Nonprofit Experience | Personnel / Human Resources | Grant writing Fundraising |
| Youth Programs / Events | Community Service | Public Relations |
| Fundraising | Policy Development | Other: _____ |
| Program Evaluation | Social Media / Communications | Other: _____ |
| Strategic Planning | Education / Instruction | Other: _____ |

Please describe your reasons for your interest in serving on the CACWC Executive Steering Committee:

What contribution(s) do you feel you can make towards the mission of the organization and the functions of the Executive Steering Committee?

Please share any other information you feel important for consideration of your application to serve on the CACWC Executive Steering Committee:

Please respond to the following questions:

a. Have you ever been convicted of a felony?

Yes No (if yes and would like to explain, use a separate sheet of paper)

b. Have you ever been convicted of a child abuse or sex-related crime?

Yes No (if yes and would like to explain, use a separate sheet of paper)

PLEASE NOTE: Appointment to the Executive Steering Committee of the Child Advocacy Center of Warren County is dependent on a cleared background check.

Conflict of Interest Disclosure: Please indicate below any affiliations you or any family members may have with entities who do business with the CAC or any other circumstances which may lead to a conflict of interest.

Applicant's Statement: I have read and completed the application accurately and honestly. I deny any conflicts of interest which would prohibit me for fulfilling my duties. I agree to fulfill Executive Steering Committee Member Duties to the best of my ability.

Signature of Applicant

Date

For CACWC Use Only

Date Application Presented to Executive Committee for vote: _____

Appointment Recommended: Yes No

Background check cleared: Yes No

Appointment Type

Other Governmental/Community Agency Member:

At-Large Member:

Initial Appointment – Full Term Initial Appointment – Vacant position

Appointment Term to Begin: _____

Term to End: _____ (If applicable)

Comments:

Dates of Previous Appointment(s) if applicable:

Appointment Affirmation: By signing below, I confirm that this applicant has been presented to the Executive Steering Committee members and has been appointed by a majority vote. The Committee has reviewed the education, employment, personal history and professional qualifications and believes the applicant is willing and able to perform the duties of a Committee member. To the best of the Committee's knowledge, the application is a complete and truthful disclosure of information. The applicant denied any conflicts of interest.

Executive Steering Committee Chair Signature

Date