



**Citizen Review Panel
Marathon County**

**Application
Volunteer Citizen Review Panel Member**

The Marathon County Citizen Review Panel's policy and federal law prohibits discrimination based on race, creed, sex, religion, mental or physical disabilities, age or marital status. Questions of this nature are asked for general background purposes only. **You are not obligated to supply this information.* If you do not answer these questions it will not affect consideration given to your application.

Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

*Male: _____ *Female: _____ *Birth date: _____

Person To Notify In Case of Emergency: _____

Home Phone: _____ Work Phone: _____

Additional Information

Relevant Training, Degrees, Certificates and Licenses:

Where did you hear about the Citizen Review Panel?

Please list special skills, interests or relevant experiences:

What strengths do you have that would be beneficial to the Panel?

Have you been convicted of a crime, other than minor traffic violations?

If yes, please explain. Yes _____ No _____

Have you or has anyone in your family been involved with the Social Services or Court systems? If yes, please explain. Yes _____ No _____



Citizen Review Panel
Marathon County

If yes, did you feel you were treated fairly?

Yes ___ No ___ Explain:

Are you willing to serve an initial term of two years on the panel? Yes No (over)

Narrative Questions

Why do you want to become a citizen review panel member?

What do you hope to get out of this experience?

Do you have any reservations about serving as a volunteer panel member?

In order to promote the integrity of the citizen review panel, ensure confidentiality is maintained, to protect the safety of the volunteer panel members and those involved with the agencies and cases reviewed, we use many methods of screening, including criminal and child maltreatment records checks. Are you willing to allow us to conduct a thorough background check on you?

Yes ___ No ___

References

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

1.

2.

3.



Citizen Review Panel
Marathon County

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:

Stacia Burrows
Marathon County Department of Social Services
400 E Thomas Street
Wausau WI 54403