# Committee Appointment Application

**Purpose:** Use this form to apply for appointment to a Department of Family and Protective Services’ committee.   y y

**Directions:** Complete this form and email it to dfpsCouncil@dfps.texas.gov.

| APPLICANT INFORMATION | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | Middle Name: | Last Name: | | Date of Birth: | Gender:  Male  Female | | | Phone Number: | |
| Home Address: | | Apt. No. (if applicable): | | City: | | County: | | State: | ZIP Code: |
| Ethnicity:  Hispanic  Not Hispanic  Unable to Determine | | | Race:  White  Black  Unable to Determine (or neither of the above) | | | | Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander | | |
| What committee are you interested in applying for?  Committee on Advancing Residential Practices (CARP)  Public Private Partnership (PPP)  Advisory Committee on Promoting Adoption of Minority Children (ACPAMC)  Other: | | | | | | | | | |
| Check all that apply to you:  Former foster youth  Foster/Adoptive parent  Employee of contracted foster care provider  Member of a trade association  Member of the judiciary  Member of a child advocacy group  Other:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

| CURRENT EMPLOYMENT INFORMATION **(IF APPLICABLE)** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Business/Organization: | Current Position/Title: | | Service Provider Type: | | |
| Address: | City: | County: | | State: | ZIP Code: |

| TRADE ASSOCIATION MEMBERSHIP **(IF APPLICABLE)** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Business/Organization: | Position Title: | | Membership Start Date: | | |
| Address: | City: | County: | | State: | ZIP Code: |

| ADDITIONAL INFORMATION |
| --- |
| Current professional licenses, if any (include state, number, and expiration date): |
| Have you ever been disciplined by any licensing board, professional, or civic organization?  Yes  No If yes, please explain: |
| Has your organization or one of your operations ever been sanctioned by or been the subject of an administrative action by either HHSC Child Care Regulation (formerly Child Care Licensing) or the Office of the Inspector General?  Yes  No If yes, please explain: |
| Have you ever been convicted of a felony or misdemeanor?  Yes  No If yes, please explain: |
| If you are employed by or on the governing board of an entity or organization that does business with DFPS, are you willing to abstain from voting on any agenda action item that may pose a conflict or interest or the appearance of impropriety?  Yes  No If no, please explain: |

| QUESTIONS |
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| Why are you interested in serving on this committee? |
| What goals would you like this committee to achieve and why? |
| Describe specific examples of successful engagement under your leadership. |

| LETTERS OF REFERENCE | |
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| Please attach two letters of reference to the application. Letters are due at the same time as the application. Provide the information for the two individuals who will be providing the letters of reference. | |
| Name: | Email: |
| Name: | Email: |

| PRIVACY STATEMENT |
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| DFPS values your privacy. For more information, read our [Privacy and Security Policy](https://www.dfps.state.tx.us/policies/Website/). |

| SIGNATURE | |
| --- | --- |
| **All the information contained in this application is true and correct. I understand that the advisory committee will meet regularly. If selected, I will make every effort to attend and participate in all advisory committee meetings. Not attending meetings may lead to removal from the committee.**  Q | |
| Applicant:  **X** | Date Signed: |