

Strengthening Families Act Committee Application Form

The Nebraska Children's Commission is seeking applications for the Strengthening Families Act Committee. This Committee works to monitor and make recommendations regarding the implementation of the Strengthening Families Act in Nebraska and promoting normalcy for children, youth, parents, and foster parents in Nebraska's foster care system and related populations.

The Strengthening Families Act Committee is currently seeking the following representatives:

- 1. Parent who has experience with the Foster Care System**
- 2. Representative of a child care institution**

Members of the committee will be asked to serve for terms of two (2) years.

If you would like to be considered for this committee, please complete the attached 2-page form. The completed form may be e-mailed to NECC.Contact@nebraska.gov or mailed to:

Nebraska Children's Commission
1225 L Street, Suite 401
Lincoln, NE 68508

**Nebraska Children's Commission
Strengthening Families Act Committee Membership Application**

Name:			
Address:			
City:		State:	Zip:
Home Phone:		Business Phone:	
Cell Phone:		Business Fax:	
E-mail Address:			
Gender:		Race:	
Current Occupation and Employer:			
Employment History:			
Education:			
Other Committees or Boards:			
References (Name/Address/Phone):		1.	
		2.	
Are you willing to Chair or Co-Chair a subcommittee or workgroup of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to willing to provide legislative testimony on behalf of this Committee if requesteds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to contribute work to short term projects for this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you work with children, youth, or families, are you willing to connect them to the work of this Committee? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want to be considered for a Co-Chair position of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate if the following is applicable: I wish to be a member of this group, but cannot/would prefer not to participate in voting matters due to my employment position. <input type="checkbox"/> Yes <input type="checkbox"/> N/A			

Application Position: (check all that apply)

- Representative of the _____ branch of government.
- Young adult currently or previously in foster care.
- Representative from the juvenile probation system.
- Representative from a child welfare advocacy organization.
- Representative from a child welfare service agency.
- Representative from an agency providing independent living services.
- Representative of a child care institution.
- Current or former foster parent.
- Parent who has experience in the foster care system.
- Professional who has relevant practical experience.
- Guardian Ad Litem who practices in juvenile court.
- Other (please specify): _____

Reason for Seeking this Appointment: