OREGON JUDICIAL DEPARTMENT
Citizen Review Board

Dear Prospective Volunteer;

Thank you for your interest in the Citizen Review Board (CRB). Attached is an application, board member position description, and volunteer insurance form. Please fill out the application and insurance forms, and return them to our office by fax or United States Postal Service to get your application process started.

The CRB is a program of the Oregon Judicial Department. We review the cases of children in the custody of the Department of Human Services (DHS) who have been removed from their homes. The reviews are conducted by volunteer board members with staff support. We currently utilize over 300 volunteers throughout the state. We hope that you will become one of them.

To serve as a volunteer board member requires committing to one full weekday per month. Each board in your local county meets on a particular day of the month, such as the first Tuesday or the second Friday. The review day is typically an all day commitment. In addition to the review day itself, it takes an average of 6 to 8 hours of preparation time on your own to read case files. The information is sent to you electronically approximately 10 days before the review day[1]. Board members are also required to complete eight hours of training annually.

We seek people from all walks of life with varying levels of experience. Our mandate is to develop diverse boards with unique life experiences. Therefore, the primary qualifications are an interest in the welfare of children and families, the ability to maintain confidentiality, the ability to cope with sensitive and emotional cases, and the availability to follow through with attending reviews and required training. Our application process includes an interview, reference checks, a criminal history check, and a16-hour training.

If you have further questions, please feel free to call our Volunteer Resource Coordinator at (503) 731-3007 or toll free at (888) 503-8999. If you find yourself unable to volunteer at this time, please pass along this application packet to someone who may be interested. Thank you for your interest, and we look forward to hearing from you!

[1] Note: Hard copy materials are available for those who are unable to utilize electronic materials due to a disability or hardship

Print Form

# Citizen Review Board Member Application

## Complete this form and return via instructions below:

| Mail Application to: | Contact the CRB Volunteer Resource Coordinator for assistance at: |
|---|---|
| **Attn: Volunteer Resource Coordinator**<br>**Citizen Review Board**<br>**410 NE 18th Avenue**<br>**Portland, OR 97232**<br><br>**Fax application to:**<br>503.731.3442 | 1-888-530-8999, Ext. 8585<br>crb.volunteer.resources@ojd.state.or.us |

**Name**

Last First Initial

**Mailing Address**

City State Zip

**Email Address**

**Phone**

Home

Work

Cell

**County**

**How did you hear about our program?**

**SSN**
(needed for criminal history check)

**Current Occupation & Employer**

**Previous Employment**

***The following questions are used to select a local board that is representative of the community***

Date of Birth Male ☐ Female ☐

**Level of education** (Check highest level completed):

☐ Some high school (no diploma/GED)
☐ GED or High School Diploma
☐ Some college
☐ College degree
☐ Some post-graduate Work
☐ Graduate degree

**Ethnic Origin** (Check all that apply):

☐ Caucasian
☐ African American/Black
☐ Pacific Islander
☐ Asian American
☐ Latino/Hispanic
☐ Native American/Native Alaskan

**Household Income Level**

☐ Under $10,000
☐ $10,000-$14,999
☐ $15,000-$24,999
☐ $25,000-$34,999
☐ $35,000-$49,000
☐ $50,000-$74,999
☐ $75,000-$99,999
☐ $100,000-$149,999
☐ $150,000-$199,999
☐ Over $200,000

**Are you or have you been a foster parent?** ☐ No ☐ Presently am ☐ Formerly was

**Are you or have you been an adoptive parent?** ☐ No ☐ Presently am ☐ Formerly was

Please list any experience you have had which relates to foster care or child welfare (e.g., child advocacy, adoption, etc.)

Are you able to attend reviews one set working day a month from 8:00 a.m. to 5:00 p.m.?

☐ Yes ☐ No Please indicate which days you are **not** available here:

What are your reasons for wanting to serve on the Citizen Review Board?

In what other organizations are you involved?

Please list three references (no more than one relative):

| Name | Address | Phone |
|---|---|---|
| | | |
| | | |
| | | |

☐ I understand that the Citizen Review Board will conduct a criminal history check. The existence of a criminal record may or may not disqualify an applicant from appointment. I understand that my application does not ensure appointment to a review board. I understand that the required orientation training will be part of the screening criteria in considering my appointment to a local board. I also understand that if appointed I will not be reimbursed for out-of-pocket expenses incurred while conducting my duties. Further, I understand that if appointed I will be called upon to attend all reviews of my assigned board. I understand that while there is variation from county to county, I could expect to meet monthly for four to eight hours. Finally, I agree to attend mandatory training as established by the Citizen Review Board.

☐ I agree to keep confidential all information reviewed by the board, its actions and its recommendations, and to not use any information in the reviews to my advantage.

Signature Date

*Applications will be forwarded to the judge or the judge's designee in your county. Board members successfully completing the application process will be appointed by the Chief Justice of the State of Oregon*

Attachment 1

# STATE OF OREGON
# CONDITIONS OF VOLUNTEER SERVICE

As a volunteer working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

**Tort Liability**
You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act ORS 30.260-300, and Oregon Department of Administrative Services' Risk Management Division Policy Manual, 125-7-202.

**Motor Vehicle Liability**
If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State-provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

**Volunteer Injury Coverage. Workers' compensation is not provided.** However, the agency has an injury protection plan to cover injuries of authorized volunteers. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, death, and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services' Risk Management Division Policy Manual, 125-7-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

**Reporting Responsibility**
Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform CRB Field Manager (name or title) as soon as possible.

**Assigned Duties** (Note if any document is attached or referred to for details)
CRB Reviews

**I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.**

Please Print

| | |
|---|---|
| Name (Last, First, M.I.) | Social Security Number |
| Address | Telephone |
| Signature | Date |
| In case of emergency please notify: | |
| Home Phone | Work Phone |
| Agency Supervisor<br>Leola McKenzie | Telephone<br>503-986-5861 |
| Title<br>CRB Director | Date |

# AUTHORIZED STATE VOLUNTEER
# PARTIAL WAIVER AND RELEASE OF RIGHTS
# UNDER THE OREGON TORT CLAIMS ACT
# ORS 30.260-300

**READ CAREFULLY**

**(Please Print Information)**

**Name:** _____

**Phone:** _____

**Address:** _____

**City/State:** _____ **Zip Code:** _____

As an authorized state volunteer performing activities on behalf of the State of Oregon Oregon Judicial Department Citizen Review Board (agency), I understand that the State of Oregon will provide limited medical and accidental death, dismemberment, and disability coverage for me in the event I suffer injury due to an accident while performing volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators, and assigns, release and forever dicharge the State of Oregon from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against the State of Oregon, and/or its officers, agents or employees, and from all liability under the Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from or arising out of my state volunteer activities.

This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim, suit, or action brought against me, or liability I may be subject to, or arising out of my authorized state volunteer activities.

In the event that I am injured while performing state volunteer activities, I will notify my agency supervisor and apply for injury coverage benefits.

**Signature:** _____ **Date:** _____

**Parent or guardian's authorization for medical care and consent to agreement**

**READ CAREFULLY**

I, _____, as parent or legal guardian hereby grant permission for _____ to do volunteer work for the _____ (agency). In the event of an emergency, accident, or illness, I authorize the agency and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. **My signature below hereby represents that I have read, understand, and consent to this agreement.**

**Signature:** _____ **Date:** _____

(Legal Guardian signature required if volunteer is under 18 years of age)