



## Family Consultant Application Form

Application Date:

Available to Start Date:

*It is important that you read the Family Consultant role description before completing this application form. Please complete this form by fully typing in the information. Send your application to the selection committee at [familyconsulting@bctpartners.com](mailto:familyconsulting@bctpartners.com).*

**THE INFORMATION PROVIDED IN THIS FORM WILL BE KEPT CONFIDENTIAL.**

### SECTION 1: PERSONAL INFORMATION

Last Name:

First Name:

Middle Initial:

Street Address/P.O. Box:

City/Town:

Zip Code:

Phone Number:

Email Address:

Are you eligible to obtain employment in the US?\* ☐ Yes ☐ No

Do you have a valid ID/Driver's License? ☐ Yes ☐ No

Gender: ☐ Male ☐ Female ☐ Other

Race & Ethnicity: *Check all that apply*

☐ Black or African American

☐ White

☐ Hispanic/Latino

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ Multiracial/Multiethnic

☐ Other

☐ Prefer not to answer

Was your family involved in the child welfare system? ☐ Yes ☐ No

What year?

**\*Selected Family Consultants will need to sign a contract and eligibility for employment in the US will need to be verified as part of the contracting process.**

Please use this section to provide information about your experience as a parent leader.

City/Town:

Zip Code:

Summary of duties and description of experiences/skills:

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End date:

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City/Town:

Zip Code:

Role:

Summary of duties and description of experiences/skills:

Start date:

End date:

Reason for leaving:

### SECTION 3: EDUCATION AND QUALIFICATIONS

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

Formal Education (i.e. high school, college, community college, post graduate)	Name of Institution	Degree Attained/Year
Click or tap here to enter text.		
Other Training	Workshops/Seminars Title	Duration of Training

Continue on a separate sheet if necessary.

## **SECTION 4: SKILLS**

Select which activities you have experience with that will be useful in the role as Family Consultant.

### **Technical Skills**

- ☐ Writing
- ☐ Microsoft Office (Word, Excel, PowerPoint)
- ☐ Social Networking
- ☐ Document Review (Tip sheets, Brochures, Publications, Legislation)
- ☐ Policy Review
- ☐ Research

### **Presentation Skills**

- ☐ Public Speaking
- ☐ Meeting Facilitation
- ☐ Workshop Presentations
- ☐ Webinar Presentations
- ☐ Panel Presentations
- ☐ Keynote Presentations

### **Programmatic Skills**

- ☐ Curriculum Development
- ☐ Program Development
- ☐ Program Analysis (i.e. reviewing reports, understanding data systems and training procedures, participating in focus groups, interview, etc.)
- ☐ Working with Youth and Young Adults
- ☐ Working with Child Welfare Professionals
- ☐ Development of Parent Advisory Boards
- ☐ Continuous Quality Improvement

**Please indicate which social networks you would feel comfortable using in a professional role:**

- ☐ Facebook
- ☐ Twitter

☐ Instagram

☐ LinkedIn

☐ Tumblr

☐ Snapchat

☐ YouTube

## **SECTION 5: PERSONAL STATEMENT**

Please use this section to share your child welfare experience. Describe why your family was involved and how your case was resolved.

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Explain why you want to serve as a Family Consultant for the Center and describe in detail how you meet the requirements listed in the Family Consultant role description. If you are or have been involved in voluntary/unpaid activities not yet described, please also include this information. Attach and label any additional sheets used.

## SECTION 6: CHILD WELFARE EXPERTISE AREAS

Please check off any of the below areas in which you have experience/expertise.

- |   |  |
|---|--|
| <input type="checkbox"/> Adoption   | <input type="checkbox"/> Preparation for Adulthood                                 |
| <input type="checkbox"/> Casework Principles/Management                       | <input type="checkbox"/> Preventing Sex Trafficking and Strengthening Families Act |
| <input type="checkbox"/> Child Protection                                     | <input type="checkbox"/> Principles of Peer Support                                |
| <input type="checkbox"/> Child Welfare Information Systems                    | <input type="checkbox"/> Understanding of ACEs                                     |
| <input type="checkbox"/> Court/Judicial System                                | <input type="checkbox"/> Services to Children in Care                              |
| <input type="checkbox"/> Domestic Violence                                    | <input type="checkbox"/> Services to Families                                      |
| <input type="checkbox"/> Engaging Fathers                                     | <input type="checkbox"/> Sexual Assault and Abuse                                  |
| <input type="checkbox"/> Family Empowerment                                   | <input type="checkbox"/> State Agency-Court Topics                                 |
| <input type="checkbox"/> Family Preservation and In-home Services             | <input type="checkbox"/> State-Tribal Topics                                       |
| <input type="checkbox"/> Foster Care and Permanency                           | <input type="checkbox"/> Statutory and Regulatory Bases for Child Welfare Practice |
| <input type="checkbox"/> Health care  | <input type="checkbox"/> Substance Abuse   |
| <input type="checkbox"/> Human Development                                    | <input type="checkbox"/> Title IV-E Waiver Demonstrations                          |
| <input type="checkbox"/> Incarcerated Parents                                 | <input type="checkbox"/> Trauma-Informed Care                                      |
| <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender, and Questioning | <input type="checkbox"/> Restorative Justice                                       |
| <input type="checkbox"/> Mental/Behavioral Health                             | <input type="checkbox"/> Workforce Development                                     |
| <input type="checkbox"/> Policy and Procedures                                |  |

Give an example of a project you have worked on, or other explanation, to demonstrate why you consider each topic you checked off an area of expertise. Use a separate sheet if needed, attached and labeled.

Please list and explain any additional child welfare experience and/or expertise.

#### **SECTION 7: AVAILABILITY**

List any limitations, unavailable dates, or other obligations you may have that could interfere with your participation as a Family Consultant. Please keep in mind that we understand that the information you provide here may change in the future.



## SECTION 8: THE CENTER'S CAPACITY BUILDING AGENDA

Please review the Center's website (<https://capacity.childwelfare.gov/states/>) and answer the following questions:

1. Describe how you can support the Center's capacity building efforts.
2. How is this role similar to or different from other work you have done?
3. In your own words, how does the role of a consultant differ from the role of an advocate?

## **SECTION 9: REFERENCES**

Please give the names and addresses of three references, two of which should be from your most recent child welfare related work/volunteer experience (if applicable). If you are unable to provide at least two references from your recent child welfare experience, please clearly outline your work relationship with each reference.

### **Reference 1**

Name:

Position/Job title:

Work relationship:

Organization:

Address:

Telephone:

Email:

### **Reference 2**

Name:

Position/Job title:

Work relationship:

Organization:

Address:

Telephone:

Email:

### **Reference 3**

Name:

Position/Job title:

Work relationship:

Organization:

Address:

Telephone:

Email:

BCT Partners will contact the above-mentioned references to obtain information regarding your prior experiences, performance and skills.

I hereby grant permission for BCT Partners to do so. (Please initial here) \_\_\_\_\_

I certify that all of the information that I have provided on this application is true, accurate, and complete.

Application Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_