



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Iowa Department of Human Services
Child Abuse Prevention Program Advisory Committee (CAPPAC)
Membership Application
(Defined in Iowa Code, Chapter 217.3A)

Date: _____

Name: _____

Mailing Address: _____

Current Employer: _____

Telephone Number(s): (H) _____ (W) _____

(C) _____ (ALT) _____

Email 1: _____

Email 2: _____

Position you are eligible to represent (check all that apply):

____ A professional with expertise in the areas of child abuse and neglect

____ A citizen interested in child abuse prevention services in Iowa

**Child Abuse Prevention Program Advisory Committee (CAPPAC)
Optional Demographic Information**

County: *(optional)** _____

Gender: *(optional)**

____ Male

____ Female

Consumer: *(optional)**

Have you ever been a consumer of child welfare or child abuse prevention services?

____ No

____ Yes

Race (check all that apply): *(optional)**

____ White

____ Black or African American

____ American Indian or Alaska Native

____ Asian

____ Native Hawaiian or Other Pacific Islander

Ethnicity: *(optional)**

____ Hispanic or Latino

____ Not Hispanic or Latino

**Note: While these categories are optional for applicants to be considered for appointment, applicants may receive additional points in application scoring in order to promote a diverse and well represented committee.*

What is your background? Discuss any experience you have in program development, particularly as it relates to the prevention of child abuse or neglect? Are you involved in any other legislatively mandated councils, committees, boards, or advisory groups? What has prompted your interest in being appointed to this advisory committee?

Are you able to attend quarterly committee meetings (in person and/or via telephone), with adequate advance notice, in the Des Moines area? If you are appointed to the committee, are you able to commit to serving the full 3-year membership term?