

The Plumas Children's Council

(Plumas County Child Abuse Prevention Council)

Needs Members!

ABOUT THE COUNCIL

The Plumas Children's Council, also known as the Plumas County Child Abuse Prevention Council, is an independent, community-driven multidisciplinary collaborative that was established in 1988 by the Plumas County Board of Supervisors. The Council is set up as a separate Department in the County to ensure its independence. Council membership represents a wide variety of organizations and programs that provide services to youth and families.

The Children's Council is committed to a strength-based approach to Child Abuse Prevention using the Strengthening Families framework. This research-based approach supports the common sense notion that families are less likely to abuse their children when they have the information and resources they need. Specifically, research shows that families need these five Protective Factors: Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and Children's Social and Emotional Development.

At our meetings we receive updates on current services being offered and discuss ideas for improving our collaborative efforts to strengthen families in Plumas County, including funding for grants and other community opportunities such as home visiting services, the community connections program, parent education, and family support services.

The Plumas Children's Council meets once a month from September through June. Meetings are currently held on the third Wednesday of each month from 10:00am-11:00am. Meetings are open to the public. For more information about the Council or the next scheduled meeting, please contact the Children's Council coordinator, Brianna Martin at 283-7045 or email brianna.martin@cws.state.ca.us.

INTERESTED IN BECOMING A MEMBER AND HELPING OUR COMMUNITY BE STRONG?

Then please complete the Application on the next page, and RETURN VIA

Email to: brianna.martin@cws.state.ca.us

OR

US Mail to: Plumas Children's Council
270 County Hospital Road Suite 207
Quincy, CA 95971

[Your completed application will be submitted to the Plumas County Board of Supervisors for approval.]

**APPLICATION FOR PUBLIC MEMBER APPOINTMENT TO ADVISORY BOARDS OR COMMISSIONS APPOINTED BY THE
PLUMAS COUNTY BOARD OF SUPERVISORS**

Board/Commission Applied for: Plumas County Child Abuse Prevention Council (Plumas Children's Council)

Name: _____

Home Address: _____

Street or PO Box

Telephone: _____

City _____ State _____ Zip _____

Employer's Name: _____

Present Occupation: _____

Employer's Address: _____

Street or PO Box

Telephone: _____

City _____ State _____ Zip _____

Preferred Email: _____ **Are You Over 18 Years of Age?** _____

Representation: (Please choose the most relevant)

- | | |
|--|--|
| <input type="checkbox"/> Child Welfare Services | <input type="checkbox"/> Prevention and/or Treatment |
| <input type="checkbox"/> Community Representative | <input type="checkbox"/> Probation Agency |
| <input type="checkbox"/> Mental Health, Probation, or Public Health Agency | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other: _____ |

Assets: (Please choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Fiscal experience | <input type="checkbox"/> Non-profit experience |
| <input type="checkbox"/> Fund raising | <input type="checkbox"/> Other Agency/Board member |
| <input type="checkbox"/> Government | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Other: _____ |

Please write a brief statement that explains your interest in serving on this Board: _____

List any organizations of which you are an officer or an employee which are funded by or provide services to county government: _____

Do you have a staff person from your agency that can serve as your Alternate (proxy) in your absence at meetings?

Yes _____ No _____ If Yes: Name: _____

Telephone: _____ Email: _____

Meetings will be held the third Wednesday of every month from 10:00 to 11:00 am. This is a time commitment that could occasionally increase for an event or function in order to represent the Council as a Member. Documents will be provided before each Council meeting that will need to be reviewed prior to the meeting. Each member serves for two years and can serve consecutive terms if re-elected.

Are you able to commit the time required to serve as a Children's Council Member? _____

Comments or Concerns: _____

Signature

Date