

EMPLOYMENT APPLICATION FOR IFAPA PEER LIAISON

Name of Applicant: _____

Mailing Address: _____

County: _____ E-mail Address: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

EDUCATION

High School: _____ Years Completed: _____

College: _____ Years Completed: _____

Field of Study: _____ Degree: _____

College: _____ Years Completed: _____

Field of Study: _____ Degree: _____

EMPLOYMENT

Employer: _____ City: _____

Dates Employed: _____ to _____ Reason for Leaving _____

Position Title: _____ Supervisor: _____

Duties: _____

Employer: _____ City: _____

Dates Employed: _____ to _____ Reason for Leaving _____

Position Title: _____ Supervisor: _____

Duties: _____

Employer: _____ City: _____

Dates Employed: _____ to _____ Reason for Leaving _____

Position Title: _____ Supervisor: _____

Duties: _____

EXPERIENCE

1. a. How long have you been a licensed foster parent? _____
b. Number licensed for? _____
c. Are you also an adoptive or kinship parent? _____

2. Do you currently have foster children placed in your home? _____
If not, when was your last placement excluding respite? _____

3. What are the age groups, special needs, and numbers you provide foster care for?

4. What experience do you have in working with birth parents?

5. Do you have experience in parenting transracially and/or maintaining cultural connections for your children?

6. What trainings have been most helpful to you as a foster parent?

7. Why do you want to be a peer liaison?

8. How would you characterize your relationship to and interaction with the child welfare juvenile and justice system (i.e. Department of Human Services, Iowa KidsNet, other provider agencies, juvenile court, etc.)

9. What experiences have you had in providing support to foster parents and adoptive parents?

10. From your own experience, describe a situation in which you have used a liaison or would have liked to use a liaison and what would you have expected the liaison to do?

11. Please list your involvement in foster care activities -- IFAPA or non-IFAPA related (such as support groups, PS-MAPP Trainer, trainer, Iowa KidsNet activities, focus groups, DHS committees, etc.).

12. Please list the skills and abilities that would assist you in meeting the responsibilities of the Peer Liaison position.

13. Please list areas of concern that may prohibit you from meeting the responsibilities of the Peer Liaison position.

14. Were there any duties or responsibilities from past employment experiences that would assist you in completing the liaison position?

15. Please list any additional information you would like us to consider:

If necessary, feel free to attach additional pages for your responses to the above questions.

Applicants will also be asked to submit a cover letter and three letters of reference (one must be from a DHS staff member and the second from an Iowa KidsNet staff member). Please mail cover letter, completed application, and three letters of reference to the address below.

IFAPA – 6864 NE 14th Street, Suite 5 – Ankeny, IA 50023