



Lund Parent Child Center
Family Advisory Committee Membership
Self-Nomination Form

Name: _____ Date: _____

I am a : Mother Father Grandmother Grandfather Caregiver

Cell No.: _____ Work No.: _____

Address: _____ Zip Code: _____

E-Mail: _____

Voluntary Self Disclosure Information:

This will be kept confidential/use any language that works for you.

Lund collects this information about the individuals we serve so that we can:

- Interact respectfully with each other.
- Develop inclusive and welcoming ways to engage and support each other.
- Identify who we are reaching as well as gaps – so we can address those gaps.

Please share your racial/ethnic identity/ies:

Pronouns (she/her/hers, he/him/his, they/them/theirs, etc)

Prefer not to say

Children in the Household:

Name: _____ Age: _____ Sex: _____ Childcare/School: _____

Name: _____ Age: _____ Sex: _____ Childcare/School: _____

Name: _____ Age: _____ Sex: _____ Childcare/School: _____

Name: _____ Age: _____ Sex: _____ Childcare/School: _____

Name: _____ Age: _____ Sex: _____ Childcare/School: _____

Name: _____ Age: _____ Sex: _____ Childcare/School: _____

1. How long have you lived in Vermont?

2. What is your highest education level?

Elementary Middle School High School Vocational School

Graduate School College Other: _____

3. Is English your primary language? If not, what language is your primary language?

Do you speak any other languages?

4. Why are you interested in becoming a member of the Family Advisory Committee? Please list ***at least*** two reasons.

5. What skills do you have to share with the group? (E.g. cooking, arts and crafts, organizational skills, computer skills, etc.)

6. Do you have experience being a parent leader in any organization or group?

Yes No

7. What kinds of skills would you like to develop as a committee member? (E.g. computer skills, communication skills, leadership skills, consensus building skills, team work skills, event planning, public speaking, advocacy skills, etc.)

8. Are you able to participate in the FAC meetings every other month for 75 minutes, for a term of 12-18 months? (terms to be discussed further at first FAC meeting) Meetings held in South Burlington, VT.

Yes No

Which Days/Times work for you? (can choose more than one option)

Tuesday 4:30-5:45	<input type="checkbox"/>	Wednesday 4:30 – 5:45	<input type="checkbox"/>
Tuesday 5:15-6:30	<input type="checkbox"/>	Wednesday 5:15-6:30	<input type="checkbox"/>

Any additional notes regarding day/time:

9. Do you know of any barriers to your participation? (Childcare, transportation etc)

10. My family is currently participating in Lund services from the following program(s):

- Early Childcare Program (LECP)
- Playgroups
- Community Parent Education Classes
- DULCE
- Kids A Part
- Supervised Visitation Exchange
- PCC Case Management
- Residential Treatment Program
- Home Visiting/Family Education

11. My family participated in Lund services from the following program(s) in the past two years:

- Early Childcare Program (LECP)
- Playgroups
- Community Parent Education Classes
- DULCE
- Kids A Part
- Supervised Visitation Exchange
- PCC Case Management
- Residential Treatment Program
- Home Visiting/Family Education

12. Is there anything else that we should consider about your nomination?

Thank you for your interest in the Family Advisory Committee!

Please submit your application to mairavs@lundvt.org and we will reach out soon!