

## Parent Advisory Group Membership Recruitment Opportunity

At the Department of Early Learning (DEL), we believe parents are their children’s first and most important teachers. The DEL Parent Advisory Group (PAG) was established in 2007 as a sounding board to bring parent voices into the work of DEL. It is a place to share ideas, provide advice and guidance, “parent-test” policies and programs, and to shape the future of DEL. Parental involvement is the key to having policies and programs that support families’ strengths and needs.

**We are currently recruiting for 3 members from the following regions:**

- Central
- Northeast
- North Central

If you are interested, please provide the information below and submit it in one of the following ways:

<p><b>Email:</b> <a href="mailto:pag@del.wa.gov">pag@del.wa.gov</a></p>	<p><b>Mail:</b> DEL Parent Advisory Group PO Box 40970 Olympia, WA 98501</p>	<p><b>Drop-Off at:</b> Department of Early Learning Attn: Parent Advisory Group 1110 Jefferson St SE Olympia, WA 98501</p>
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Feel free to contact us ([pag@del.wa.gov](mailto:pag@del.wa.gov)) with any questions.

### Eligibility

Parent Advisory Group membership criteria:

- A Parent or Guardian of a child or children between the ages of 0-12;
- Available to attend and participate in three in-person (full day) meetings each year. The remaining 2018 meetings are scheduled for:
  - **July 13, 2018**
  - **October 1, 2018**
- Able to participate in nine conference calls per year with the group. Currently calls are held the second Tuesday of every month from 8:00 - 9:00 p.m.
- Willing to connect and coordinate with other families in your local community and community groups that you are involved with.

### Supports for PAG Members

Parent Advisory Group members are eligible for mileage reimbursements to help support participation. Mileage will be reimbursed at current state travel reimbursement rates and in accordance with the State of Washington Office of Financial Management Travel Regulations. Current rates for travel can be accessed at: <http://www.ofm.wa.gov/policy/10.90.htm#10.90.10>. At this time, on-site child care is not available during meetings. We ask that participants recruit and/or secure child care for each in person meeting. Please contact us ([pag@del.wa.gov](mailto:pag@del.wa.gov)) with any concerns or questions about securing child care.

## Application

This information will only be used to contact you regarding this recruitment process. Thank you for completing.

**Name:**

**City:**

**Phone Number(s):**

**Email Address:**

**What is the best way to reach you?**

**Race and Ethnicity (optional):**

**Please answer the questions below:**

We welcome you to answer the questions in a way that helps you best express yourself. This may include written answers, video (YouTube), or phone conversations. If you would like to schedule a phone call to address the following questions, please contact us at [pag@del.wa.gov](mailto:pag@del.wa.gov).

1. **Why are you interested in serving on the Parent Advisory Group?**
  
2. **What is the age of your child(ren)?**
  
3. **As a parent/guardian what have you found to be rewarding and what are you most passionate about?**
  
4. **Are you currently or have you previously participated in a parent group or volunteer role with children? If so, please provide an overview of your roles and experiences.**
  
5. **Are you able to make the necessary time commitments to the Parent Advisory Group - three in-person meetings and nine 1 hour conference calls each year?**  
 YES  
 NO  
**If no, please explain:**

**6. Which services are you interested in or have you had experience with?**

- |  |   |
|--|---|
| <input type="checkbox"/> Early Childhood Education and Assistance Program (ECEAP)            | <input type="checkbox"/> Child Welfare  |
| <input type="checkbox"/> Licensed Child Care   | <input type="checkbox"/> Early Achievers  |
| <input type="checkbox"/> Early Support for Infants and Toddlers (ESIT)                       | <input type="checkbox"/> Homeless Program (McKinney Vento)                                  |
| <input type="checkbox"/> Early Childhood Intervention and Prevention Services (ECLIPSE/MTCC) | <input type="checkbox"/> Seasonal Child Care  |
| <input type="checkbox"/> Working Connections Child Care                                      | <input type="checkbox"/> Home Visiting  |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                      | <input type="checkbox"/> Community Cafes  |
| <input type="checkbox"/> Head Start/Early Head Start   | <input type="checkbox"/> Kaleidoscope Play and Learn Groups                                 |
| <input type="checkbox"/> Reach Out & Read  | <input type="checkbox"/> Washington Kindergarten Inventory of Developing Skills (WaKIDS)    |
| <input type="checkbox"/> Love.Talk.Play or Vroom   | <input type="checkbox"/> Support for Families Experiencing Incarceration of a Family Member |
| <input type="checkbox"/> ParentHelp 123  | <input type="checkbox"/> Child Care Resource and Referral Services                          |
| <input type="checkbox"/> Fathers' Groups   | <input type="checkbox"/> Early Learning Regional Coalitions                                 |
|  | <input type="checkbox"/> Foster Care  |
|  | <input type="checkbox"/> Other: _____   |

7. Based on the above list, please share a story that was impactful to you or a challenge you experienced (optional).
8. How did you hear of this opportunity?
9. Please share anything else you would like us to know about you, your family and your experiences.