

Board of Directors

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Lynette Sequiera, Secretary
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Michelle L. O'Gara
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Rebecca Weiss
Diedre Wilson

Executive Director

Tricia Kuivinen

CASA Program Director Hannah Wiltshire

Steven E. Wolkin, *Emeritus*

Thank you for your interest in serving as a member of the Board of Directors of Child and Family Advocates of Cuyahoga County (CFACC). Serving on the board is a rewarding experience and an opportunity for personal and professional growth as well as improving the lives of children and families involved in the juvenile justice, child welfare, and family law systems through service as Court Appointed Special Advocates; education and training, advocacy, practice, and policy development; and collaborative alliances with related organizations.

- There are just under 3,000 children in children in Cuyahoga County who have been abused and neglected or who are dependent/waiting to be adopted
- Currently, CFACC supports 80+ CASA volunteers advocating for children and there is a great need for more child advocates

Completing this form will help you understand the skills and time/resource commitments of this leadership position. You may find it helpful to read the entire application and Board Member Responsibilities before you apply. Please contact our Director, Tricia Kuivinen, at the email below with any questions.

Please return the completed application to: Child and Family Advocates of Cuyahoga County, Attn: Governance Committee, 12200 Fairhill Rd. Ste. E193, Cleveland, OH 44120 or scan & email to info@cfadvocates.org.

This application will be kept confidential and on file at the CFACC office. Applications are reviewed by the Board's Governance Committee to identify and evaluate potential board candidates. All new directors are formally nominated by the Committee and elected by a majority vote of current board members, after which they receive a formal orientation.

Child and Family Advocates of Cuyahoga County is a non-profit 501(c)(3) charitable organization.

Mission: To make a difference for every child served through advocacy, education, and collaborative alliances
Vision: Every child is seen, heard, and engaged, leading to permanency and hope.

History:

Child and Family Advocates of Cuyahoga County (CFACC) was formed in 2016 as a not-for-profit organization to join the 38-year old Guardian ad Litem (GAL) Project with Cuyahoga County Juvenile Court's newly established Court Appointed Special Advocates Program, (CASA) of Cuyahoga County. CFACC's mission is to improve the lives of children and families involved in the juvenile justice, child welfare, and family law systems through service as Court Appointed Special Advocates (CASA); education, training, advocacy, and practice and policy development; and collaborative alliances with related organizations. In early 2020, due to changes in county funding and Juvenile Court programming, CFACC became a CASA-only focused organization.

Leadership Needed for Board of Directors:

CFACC is poised to expand its impact on the well-being of children, families, and our community as it identifies and implements new strategic initiatives. Our goal is to recruit new Board members that offer the full range of expertise and level of commitment needed to make this one of the most innovative and successful non-profit organizations in our area. The primary responsibilities of Board members are:

- Commit to the mission and goals of CFACC
- Develop funding support for a sustainable agency future
- Attend board meetings and special events; be ambassadors for CASA in the community
- Set policy and strategic direction

Serving Cuyahoga County children in Need:

A significant number of the abuse, neglect, and dependency cases filed in the Cuyahoga County Juvenile Court require the best interest advocacy provided by CFACC. CASA volunteers conduct investigations, provide advocacy, and engage in monitoring of the assigned child's case. Central to their role is the establishment of a relationship with the child through regular and sufficient in-person contact where the child lives, attends school, and participates in community activities. The following words of former CASA volunteer Kevin O'Boyle help to illustrate this role:

I was a CASA volunteer assigned to Kyle, age 10, who had been abused by his mother. Kyle was hospitalized with diagnoses of Bipolar Disorder, Post-Traumatic Stress Disorder, Attention- Deficit Hyperactivity Disorder and Cognitive Disorder. I visited Kyle when he was released from the hospital to a group home. I did not know what to expect, but I found an articulate and intelligent child who enjoyed creative and artistic activities. As Kyle's CASA, I developed a relationship with Kyle that was evidenced in a visit on Thanksgiving. I introduced myself to another child in the group home, and he said, "I know who you are; you are Kyle's CASA, and he talks about you all the time." Then, he asked, "Could you be my CASA?" That was the most meaningful Thanksgiving I have ever had.

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2020 BOARD OF DIRECTORS APPLICATION FORM

GENERAL INFORMATION		
NAME		TITLE (if applicable)
COMPANY NAME (if applicable)		
ADDRESS		CITY/STATE/ZIP
EMAIL		FAX
DAY PHONE	EVENING PHONE	CELL

INDICATE EXPERIENCE AND TALENTS YOU WILL BRING TO CFACC. CHECK ALL THAT APPLY	
<input type="checkbox"/> LEGAL <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> BUDGET/FINANCE <input type="checkbox"/> STRATEGIC PLANNING <input type="checkbox"/> MARKETING <input type="checkbox"/> PUBLIC RELATIONS <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> CULTURAL/FINE ARTS <input type="checkbox"/> SOCIAL SERVICES <input type="checkbox"/> GOVERNMENT RELATIONS <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> NON-PROFIT EXPERIENCE <input type="checkbox"/> OTHER <input type="checkbox"/> _____ <input type="checkbox"/> _____

PLEASE ANSWER THE FOLLOWING
Why do you want to serve as a member of CFACC Board of Directors?
What do you see as your desired role on the Board?
On what other for-profit boards do you/have you serve(d), if any?

Board members are asked to secure or make a donation of personal significance to CFACC, currently a minimum of \$1000.00 annually. This can be done as a combination of your own giving with that of others- employer, colleagues, friends.

Are you willing to give personally or through your company to CFACC? Yes No

Are you willing to seek financial support for CFACC from friends, family, colleagues and businesses? Yes No

The Board meets bi-monthly in person or by Zoom, with call-in access. A calendar of meeting dates is scheduled and distributed in advance. You may be excused with sufficient notice to the Chairperson. Three consecutive absences results in removal from the board. Are you able to commit to attending board meetings regularly?

Yes No

Board members are responsible for serving on committees. Please indicate the committees on which you would like to serve:

- Executive
- Governance
- Finance
- Strategic Direction
- Kevin O'Boyle Memorial Fund
- Development/Fundraising/Special Events

Please specify your interests:

How did you learn of the opening on the CFACC Board of Directors?

BACKGROUND CHECK VERIFICATION INFORMATION

NAME	MAIDEN NAME (if applicable)
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OTHER NAMES (if applicable)

SOCIAL SECURITY NUMBER	DATE OF BIRTH
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CURRENTY ADDRESS	CITY/STATE/ZIP
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PREVIOUS ADDRESS	CITY/STATE/ZIP
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PREVIOUS ADDRESS	CITY/STATE/ZIP
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SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

LICENSE/ID#:	VERIFIED BY:
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PROCEDURES FOR AN INDIVIDUAL TO REQUEST A SEARCH OF OHIO'S CENTRAL REGISTRY ON CHILD ABUSE AND NEGLECT

Ohio Revised Code 1347 allows an individual to request and receive information about the status of his or her name on Ohio's Central Registry on Child Abuse & Neglect.

A request for a search of the Central Registry must be made in writing and include the following:

- Full name, including maiden name or other names used, if applicable.
- Date of birth.
- Social Security Number.
- Home Address - Results of a Central Registry search are mailed to the individual requesting at their home address, not to an agency that requires the individual to obtain a search.
- Requester's original signature - requests cannot be faxed or e-mailed.
- The request must EITHER be notarized or the request must be accompanied by copies of two forms of appropriate identification.
- Appropriate forms of identification include: driver license, Social Security card, birth certificate, or United States Visa. Note: At least one of the forms of identification submitted must contain the individual's Social Security Number.
- The request should be mailed to Central Registry, PO Box 183204, Columbus, OH, 43218-3204. The address for express delivery is Central Registry, 4200 E Fifth Ave, Columbus, OH 43219.

Requests containing incomplete information are returned with a self-addressed envelope advising the additional information required to initiate a central registry search.

An individual may use the attached form to request central registry searches. Use of this form is not required so long as all of the above information is included in the request.

Please see <http://jfs.ohio.gov/ocf/CentralRegistry1.stm> for responses to Frequently Asked Questions about Ohio's Central Registry.

For more information call 614-752-1298 or e-mail Barbara Parker at barbara.parker@jfs.ohio.gov or janice.blue@jfs.ohio.gov.

/bp

6/2013

Reset Form

REQUEST FOR A SEARCH OF
OHIO'S CENTRAL REGISTRY ON CHILD ABUSE AND NEGLECT

Please conduct a search of the Central Registry on Child Abuse and Neglect for my name. This information will be used for the purposes of (check ✓):

Adoption/Foster Parenting Volunteer Work Employment Other _____

<p>Applicant #1</p> Full Name: _____ (Including maiden name, if applicable)Date of Birth: _____	<p>Applicant #2</p> Full Name: _____ (Including maiden name, if applicable)Date of Birth: _____
Social Security #: _____	Social Security #: _____
Signature _____	Signature _____
Copies of <u>two</u> (check ✓ <u>2</u>) forms of identification are attached, one of which contains my Social Security number: ____ Driver license ____ Social Security card ____ Birth Certificate ____ United States Visa	Copies of <u>two</u> (check ✓ <u>2</u>) forms of identification are attached, one of which contains my Social Security number: ____ Driver license ____ Social Security card ____ Birth Certificate ____ United States Visa

INSTEAD OF PROVIDING TWO FORMS OF IDENTIFICATION, THIS FORM MAY BE NOTARIZED.

_____ This request is notarized in lieu of submitting two forms of identification.

HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

PREVIOUS ADDRESS IN OHIO _____
CITY _____ STATE _____ ZIP CODE _____

Subscribed and affirmed before me according to law this _____ day of _____, 20____
at _____, County of _____ and State of _____.
(City)

_____ Notary

Mail request to **Central Registry; Bureau of Protection Services, PO Box 183204, Columbus, OH, 43218-3204**. The street address is 4200 East Fifth Avenue, 2nd floor, Columbus, OH, 43219. Questions about the Central Registry may be directed to 614-752-1298 or e-mail Barbara Parker at barbara.parker@jfs.ohio.gov or Janice Blue at janice.blue@jfs.ohio.gov