



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) is 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.

Fifteen individuals will have the opportunity to participate as members of the Parent Advisory Group. If you are interested, please provide the information below and submit it in one of the following ways by **June 30, 2015**:

Email: pag@del.wa.gov	Mail: <u>DEL Parent Advisory Group</u> <u>PO Box 40970</u> <u>Olympia, WA 98501</u>	Drop-Off at: <u>Department of Early Learning</u> <u>Attn: Parent Advisory Group</u> <u>1110 Jefferson St SE</u> <u>Olympia, WA 98501</u>
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Eligibility

Parent Advisory Group membership criteria:

- Have a child or children ages 0-9;
- Be available to attend a minimum of two in-person (full day) meetings. Currently, meetings are scheduled for:
 - October 7, 2015
 - April 27, 2016
- Be able to participate in ten conference calls per year with the group.
 - The first conference call will be held on August 12, 2015, and
 - All remaining conference calls will be scheduled with PAG members.
- Be willing and able to connect and coordinate with other families and groups that work with families in your local community.

Supports for PAG Members

Parent Advisory Group members will be eligible for mileage stipends 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>. DEL may be able to assist with child care during meetings. Please contact us with any concerns or questions about securing child care.

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 by **Friday, June 26, 2015**.

1. **Why are you interested in serving on the Parent Advisory Group?**

2. **What is the age of your child(ren)?**

3. **Are you currently or have you previously participated in a parent group? If so please provide an overview of your roles and experiences (examples include but are not limited to Parent Teacher Association (PTA), Parent Teacher Student Organization (PTSO), Head Start/ECEAP Policy Council, non-profit, etc).**

4. **Are you able to make the necessary time commitments to the Parent Advisory Group -two in-person meetings (scheduled for October 7, 2015 and April 27, 2016) and ten 1-2 hour conference calls each year?**
☐ YES
☐ NO

5. **Which services that touch the Department of Early Learning are you interested in?**

<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"/> Medicaid Treatment Child Care Program (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 Cafe
<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	<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"/> Other: _____

6. **Based on the above list, which DEL services have you had or do you have experience with?**

7. **How did you hear of this opportunity?**

8. **Please share anything else you would like us to know about you, your family and your experiences.**

9. Please check other parent opportunities you would like to be involved with or contacted about at the Department of Early Learning.

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| <input type="checkbox"/> Please add me to the DEL parent listserv | <input type="checkbox"/> I would like to get Facebook Updates |
| <input type="checkbox"/> I'm interested in Twitter updates | <input type="checkbox"/> Community Café opportunities |
| <input type="checkbox"/> I would like to participate in DEL staff interviews in my local area | <input type="checkbox"/> I would like to assist with grant scoring and reviews |
| <input type="checkbox"/> I would like to be involved with my Early Learning Regional Coalition | <input type="checkbox"/> I would like text message updates |

All applicants will be notified about PAG membership by July 31, 2015.