

# CPS Advisory Council Application Form

The CPS Team Colorado Advisory Council serves as a cooperative body established to monitor and provide program direction and technical guidance to Colorado communities, agencies and organizations as a means to maintain a credible, effective child passenger safety (CPS) program. The purpose of the CPS Team Colorado Advisory Council is to manage the training, implementation and effectiveness of Child Passenger Safety in the State of Colorado. The guidance developed by this Council is directed toward helping agencies, organizations and others wishing to implement child passenger safety training programs to benefit the public.



## Council Membership

The Council consists of child passenger safety advocates from districts across Colorado from hospitals, law enforcement, public health and other organizations. At-large groups are selected through an open application process. Appointments are three-year terms.

Members representing the Colorado Department of Transportation (CDOT) and Children's Hospital Colorado are appointed to the Council by their organization/alliance and are not subject to an open application process.

## Roles and Responsibilities of CPS Council Members

- Council members are required to participate in four meetings per year (whether by call or in person).
- Council members are required to serve on at least one committee.
- Council members are required to work on committee and other Council activities between Council meetings.
- Council members are to serve as a liaison between the district/affiliation they represent and the technicians and instructors in that area.
- Council members should understand the needs of their District and assist in the coordination of CPS activities in their area.

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

1. Are you a certified CPS Instructor or Technician?

No

Yes

If yes, what is your technician/instructor #?

2. Which position are you applying for? Check one.

District 1

District 6

District 11

District 2

District 7

Secretariat

District 3

District 8

Other:

District 4

District 9

District 5

District 10

3. Briefly describe your sponsoring organization's purpose and its involvement with child passenger safety.

4. Briefly describe your role within (or affiliation with) the organization.

5. Please describe why you would like to become a member of the CPS Team Colorado Advisory Council.

6. Give three examples of how your skills, knowledge and/or expertise will assist the Advisory Council in carrying out its purpose.

7. Briefly explain how you will utilize your network to seek feedback from and give information to the community you represent nationwide (i.e. emergency services, diversity, nursing, etc.).

8. Please provide two professional references (name, address, phone, email):

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

I understand that Council membership is voluntary, there is no compensation, and CPS Team Colorado has limited travel expenses. I have read and will comply with all CPS Team Colorado Advisory Council By-Laws should I be selected as a member of the council.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Please e-mail your completed application and resume to:***

Corporal Timothy Sutherland  
Child Passenger Safety Program Coordinator  
700 Kipling St.  
Lakewood, CO 80215  
(p) 303.239.4537  
(e) timothy.sutherland@state.co.us