Volunteer Parent Consultant Job Description
Core Team of the CJI - AOD

Title: Volunteer Parent Consultant, Children’s Justice Initiative – Alcohol and Other Drugs (CJI – AOD) Project, Core Team

General Function
The Volunteer Parent Consultant will serve as a member of the Core Team of the Minnesota Children’s Justice Initiative – Alcohol and Other Drugs (CJI – AOD) Project. The Parent Consultant will provide consultation and technical assistance regarding the role of the parent in relation to the best interests of the children and in the recovery from alcohol or other drug use of parents involved in Child in Need of Protection or Services (CHIPS) court cases.

The Parent Consultant Position Allows For

- A parent’s perspective and voice
- Positive changes for the safety and well-being of children
- Mutual benefits of cross-systems communication and training
- Guidance from parents on how counties can maximize inclusion of the parent voice in their efforts at the local level.

Qualifications

- Desire to have a positive impact on chemical health, child welfare and the juvenile court systems
- Previous involvement as a parent in recovery while involved with the Child in Need of Protection or Services and alcohol or other drugs systems
- Alcohol and other drugs free
- A minimum of two years recovery, having made significant progress in personal acceptance, responsibility and healing pertaining to one’s recovery and personal involvement with child welfare¹
- Ability to articulate ideas, concerns and thoughts
- Willingness to respect people from different ethnic, racial, abilities, economic and cultural backgrounds
- Ability to work collaboratively with Core Team members, maintain open communication, and work as part of a team
- Ability to maintain confidentiality.

¹ Verified through a signed application
Duties and Responsibilities

- Attend and participate in monthly Core Team meetings or conference calls and quarterly State Advisory Committee (SAC) meetings or conference calls.
- Serve as a liaison and consultant to the county pilot teams regarding engagement of parents in the child welfare, juvenile courts and the alcohol and other drugs systems.
- Promote needed system changes that affect parents and children involved in the child welfare, juvenile court Child in Need of Protection or Services cases and the alcohol and other drugs systems.
- Maintain confidentiality.²
- Promote positive cultural diversity practice in the child welfare, juvenile court and the alcohol and other drugs systems.
- Serve on the Core Team for an initial two year term. Two year terms begin when the Parent Consultant completes the orientation to the Core Team and CJI – AOD and may be renewed for another two years after each term expires.
- Other duties as agreed upon and assigned.

Communication Access Needed by Parent Consultant

- U.S. mail access, computer and e-mail access and / or telephone access.

² Confidentiality issues will be covered during the Parent Consultant’s orientation to the Core Team and included in the orientation folder that will be provided.
Minnesota Department of Human Services
Alcohol and Other Drug Project Parent Consultant

Application for Volunteer Parent Consultant to the Core Team of the CJI - AOD

County or Agency policy and federal law prohibit discrimination based on race, creed, sex, religion, mental or physical disabilities, age or marital status. Questions of this nature are asked for general background purposes only. *You are not obligated to supply this information. If you do not answer these questions it will not affect consideration given to your application.

Contact information:

Name_________________________________________________________________
Address_____________________________________________________________
Home Phone_________________________ Work Phone_________________________
Email _______________________________________________________________
*Male____*Female____*Birth date__________________________

Person to notify in case of emergency______________________________________
Home Phone __________________________ Work Phone_________________________

Background with child protection, juvenile court and alcohol and other drug use:

Because of the qualifications necessary for the volunteer parent consultant (please see Volunteer Parent Consultant job description), failure to answer the following questions may affect consideration given to your application.

Have you ever been involved in a Child in Need of Protection or Services (CHIPS) court proceeding? □ Yes □ No

Are you involved in recovery from alcohol and/or other drugs abuse? □ Yes □ No

Your sobriety anniversary date_______________ Total years____________________

Did you successfully complete a formal chemical dependency inpatient or outpatient treatment program? □ Yes □ No. If yes, what program and when did you complete it?

If asked, will you sign releases of information to contact your previous child protection worker or chemical dependency treatment provider? □ Yes □ No
Sample Volunteer Parent Consultant Application (continued)

During your involvement with the child welfare, juvenile courts and alcohol and other drug systems, do you feel like you were treated fairly? □ Yes □ No Please explain:

Why do you want to become a Parent Consultant?

What other work related, volunteer and life experiences, skills and expertise will you bring to the Parent Consultant position?

Will you be willing to serve an initial term of two years Parent Consultant? □ Yes □ No

In order to promote the integrity of the CJI - AOD, to ensure confidentiality is maintained, to protect the safety of the volunteer Parent Consultant and those families you may be in contact with, we use many methods of screening. Are you willing to sign this application and affirm the information you have provided is complete and truthful? □ Yes □ No Will you sign an agreement to maintain confidentiality? □ Yes □ No

I submit the statements on this application are true, complete and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Signature: ____________________________________ Date: _________

Thank you for taking the time to fill out this application. Return completed application…