



2020 Membership Candidate Application Signature Page

The National Child Passenger Safety Board is seeking applications for the following positions: Injury Prevention - Healthcare and CPS Advocate - At Risk/Underserved Populations. Selected applicants will begin their Board service with the first board meeting in May 2020 and serve a 3-year term.

Candidate Name: _____ Job Title: _____

Organization/Agency: _____

Work Address: _____

Work Phone: _____ Cell Phone: _____

Please select one option below.

Applicants applying for any position EXCEPT CPS Advocate:

I understand that the NCPSTB is unable to provide compensation or travel stipends to support my position on the Board.

My time and expenses will be covered in the following manner: (please check only one)

I have a sponsoring organization that plans to cover my time and travel expenses.
(Complete supervisor signature section on page two.)

I have a sponsoring organization that plans to cover my time, but I am responsible for my travel expenses.
(Complete the supervisor signature section on page two)

I do not have a sponsoring organization and/or am self-employed and plan to cover my own time and travel expenses. (No supervisor signature required.)

Applicants applying for CPS Advocate positions ONLY:

I understand that the NCPSTB is unable to provide compensation to support my position on the Board. Limited travel assistance may be available.

My time and expenses will be covered in the following manner: (please check only one)

I have a sponsoring organization that plans to cover my time and travel expenses. (Complete supervisor signature section on page two.)

I have a sponsoring organization that plans to cover my time, but I am responsible for my travel expenses. (Complete the supervisor signature section on page two.)

I do not have a sponsoring organization and/or am self-employed and plan to cover my own time and travel expenses. (No supervisor signature required.)

I have a sponsoring organization that plans to cover my time, but I am responsible for my travel expenses. I will request travel assistance for my participation (\$600 maximum per trip). (Complete the supervisor signature section on page two.)

I do not have a sponsoring organization and/or am self-employed and plan to cover my own time and travel expenses. I will request travel assistance for my participation (\$600 maximum per trip). (No supervisor signature required.)



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Applicants with a sponsoring organization must have the applicant's supervisor or sponsoring organization's CEO/Executive Director read and sign below.

I understand Board membership is voluntary, there is no compensation, and members are responsible for their own travel expenses. I have discussed with the applicant how their time and travel expenses will be compensated (as indicated on page one) should she/he be selected to serve on the National Child Passenger Safety Board.

Supervisor/CEO/Executive Director Printed Name

Supervisor/CEO/Executive Director Signature

Title

Date

I confirm that the information provided on this application is complete and accurate.

Candidate Signature: _____ Date: _____

A complete application consists of the application, resume, and two references. The signature page of the application will not be shared with the members of the National Child Passenger Safety Board during the application process. It is reviewed only by the Board's Secretariat to ensure completion. ***All application documents must be submitted as part of the application no later than 5:00 p.m. PT, July 26, 2019. Late applications will not be considered.*** Applications will be reviewed and candidates will be notified by March 2020.