

STATE OF DELAWARE CHILD DEATH REVIEW COMMISSION 900 N. KING STREET, SUITE 220 WILMINGTON, DE 1901 TELEPHONE: (302) 255-1760 FAX: (302) 577-1129 https://www.courts.delaware.gov/childde

ANNE PEDRICK, MS EXECUTIVE DIRECTOR

## Application for Volunteers: Fatality Review Teams

Thank you for your interest in trying to prevent the deaths of women and children! We look forward to working with you to help our community better serve women, children and their families.

Which Case Review Team are you interested in joining?

□ Fetal and Infant Mortality Review (FIMR) – meets 3 hours every month (10 months of the year)

Choose a FIMR team: □ New Castle County □ Kent/Sussex Counties

□ Child Death Review Panel – meets 2 hours every other month

□ Sudden Death in the Young Review Panel – meets 2 hours every other month

□ Maternal Mortality Review (MMR) – meets 2-4 times per year in the evening

Name:	
Address:	
Email:	
Phone:	
Education:	
Race (optional): Ethnicity (optional):	
Current job title:	$\Box$ Not working at this time
Employer:	NA
Please provide a brief description of your life	e and work experiences.

GARRETT H.C. COLMORGEN MD CHAIR



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Why are you interested in the Review Team you selected?

Are you currently involved with any professional organizations?

 $\Box$  Not at this time  $\Box$  Yes – please describe:

GARRETT H.C. COLMORGEN MD

CHAIR

Are you currently involved with any community or volunteer groups?

 $\Box$  Not at this time  $\Box$  Yes – please describe:

Do you have any personal experience with the death of a fetus/infant, child or women during or within the year of a pregnancy?

 $\Box$  No  $\Box$  Yes – please describe:

Is there anything you think would limit your ability to review cases of maternal, infant/fetal or child deaths?

Please return the completed application to: (CDRC@delaware.gov) or Fax to: (302) 577-1129