Iowa Foster and Adoptive Parents Association

Board Membership Interest Application

First & Last Name(s): _____

Address:_____ _____ ____ _____
Street Address **City** **State** **Zip**

Telephone Numbers: Home (___)_____ Work (___)_____ Cell (___)_____

E-mail: _____

Date of Birth: _____ What is your county of residence? _____

Are you a citizen of the United States: ____ Yes ____ No

Why do you want to be a member of the Iowa Foster and Adoptive Parents Association Board of Directors?

What skills or areas of expertise would you bring to the Board?

Please elaborate on different boards or committees upon which you have served.

Is there any reason, known to you, why you might not be able to participate consistently on the board? (Board terms are three-year commitments) ___ Yes ___ No (If yes, please explain)

Do you belong to a support group? If so, which one?

Please check all areas that you feel you represent or have expertise in:

__ Special Needs Foster Child
__ Special Needs Adoptive Child
__ Foster Child Aging Out of System
__ Finance
__ Legal
__ Fundraising
__ Other:_____

__ Foster Care Respite
__ School System/Education
__ Support Groups
__ Policies and Procedures
__ Public Relations/Membership
__ Other:_____
__ Other:_____

Please include name, address and phone number of three references (one from DHS or private agency).

Reference #1 _____

Reference #2 _____

Reference #3 _____