

FOSTER CARE REVIEW BOARD PROGRAM

Member Application

Per 1989 PA 74 Sec. 5(1), "A local board shall be composed of five members who reside within the jurisdiction of the local board, and who represent to the maximum extent possible the socio-economic, racial, and ethnic groups residing within that jurisdiction." You are asked to provide information on your age, sex, ethnic origin, and socio-economic status for purposes of achieving this blend and for no other reason. No person employed by the juvenile court, Department of Human Services, or private child placement agency may serve on a local board.

Full Name (include Maiden) _____ Date of Birth _____

Address _____

City _____ Zip _____ County _____

Phone: home _____ work _____ cell _____

E-Mail Address: _____

Race _____ Sex _____ Occupation _____

If employed, place of employment _____

Total family income from previous year

less than \$14,999 \$15,000 to \$49,999 \$50,000 to \$99,999 \$100,000 and over

Are you currently a foster parent? _____

Please describe any connection to or experience with the child welfare system _____

Educational Background

School

Major

Degree Conferred

School	Major	Degree Conferred
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? If so, please describe:

Community Involvement (e.g. church work, civic organizations, political parties, boards, commissions, etc.)
Please highlight any areas where you have served in leadership capacities. (Attach an extra page if necessary.)

Please describe any advocacy efforts with which you have been involved:

The board will meet approximately one weekday per month from 8:30 a.m. to 5:00 p.m. Would you be available at this time? _____

In addition, board members will be asked to participate in advocacy efforts which may occasionally involve four to six extra hours per month. Are you able to participate in these activities? _____

Why do you wish to serve? (Attach extra page if needed)

References (List name, **complete** address, zip code, and telephone number.)

References reviewed by the State Court Administrative Office will remain confidential.

1) _____

2) _____

3) _____

Please attach a current resume. (Optional)

I UNDERSTAND THAT MY APPLICATION DOES NOT ENSURE APPOINTMENT TO A REVIEW BOARD. FURTHER, I UNDERSTAND THAT I WILL BE CALLED UPON TO ATTEND ALL REVIEWS OF MY BOARD IF APPOINTED. FINALLY, I AGREE TO ATTEND ORIENTATION AND ONGOING TRAINING AS LONG AS I SERVE ON A REVIEW BOARD.

Signature _____ Date _____

**Return Applications and
Consent for Criminal Background Check to:**

Foster Care Review Board Program
Cadillac Building
3034 W. Grand Blvd., Ste. 8-400
Detroit, MI 48202
(313) 972-3280
FAX (313) 972-3289

Foster Care Review Board Program
Gaylord Office
P.O. Box 9
Gaylord, Michigan 49734
(989) 732-0494
FAX (989) 731-4538