

Michigan Supreme Court
State Court Administrative Office
Child Welfare Services
FOSTER CARE REVIEW BOARD PROGRAM

Member Application

The FCRB was established to administer a statewide system of reviews for certain children in foster care, and to consider foster parent appeals when the agency plans to move a child from their home. Board members meet once a month to review foster care cases, and periodically to conduct foster parent appeals. You are asked provide information on your age, sex, and ethnic origin only for ensuring, to the maximum extent possible, that each board represents the socioeconomic, racial, and ethnic groups of the region in which it serves. Pursuant to MCL 722.135, a person employed by a child care organization, the Department of Health and Human Services, or the court may not be appointed to a local board.

* Please provide a copy of your driver's license or state I.D. with this application *

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 _____

Are you currently a foster parent? _____

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

Educational Background
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 conduct foster parent appeals within 7 days of the request, per MCL 712.A.13b. Would you be available for foster parent appeals? _____

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 Application and Consent for Criminal Background Check to:

Foster Care Review Board Program
Emily Wilson
Hall of Justice
PO Box 30048
Lansing, MI 48909
Phone (517) 373-2229
Fax: (517) 373-8922
E-mail: WilsonE@courts.mi.gov



MICHIGAN SUPREME COURT AND MICHIGAN COURT OF APPEALS



CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION FOR PERSONAL BACKGROUND INVESTIGATION

I give permission to the Court to investigate my driving record and to perform a criminal background check. The information on this form is confidential and, as such, is protected by the federal Privacy Act of 1974, 5 USC § 552a. I understand that my participation on the Foster Care Review Board may be contingent upon having a clean driving record and not having a criminal history.

This consent for disclosure form in faxed, photocopied or electronic form is as valid as the original, even though it does not contain my original signature. My consent through this form will apply throughout my volunteer term to the extent permitted by law.

Printed Name _____ Male Female
(Last, First, Middle)

Maiden Name (if applicable): _____

Is there additional information about you under a different name? Yes No

If yes, please list names and explain: _____

Date of Birth (MM/DD/YYYY): _____ Social Security #: _____

Driver's License # _____ State Issued _____

Job Title: FCRB Volunteer Office (circle/delete one): _____

Supervisor's Name: Kelly Wagner, Director, Child Welfare Services

Anticipated Start Date: April 1, End Date, if known: March 31,
(Fill in current year) (3 years from start)

Please indicate how you would like your name to appear on email messages, phone lists, etc. This name will be used for setting up your network and email user accounts once your background check has been cleared.

Race/Ethnicity (Voluntary for federal EEOC reporting):

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) |
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) | |

Signature _____ Date _____

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