

FOSTER GRANDPARENT PROGRAM OF SOUTHEAST IDAHO (FGP)
BOARD OF DIRECTOR VOLUNTEER
INFORMATION SHEET

Contact Information

Name _____
Street Address _____
Mailing Address _____
City, State, Zip _____
Home Phone _____
Work Phone _____
Mobile Phone _____
Email Address _____

Current Position/Employer _____

Interests:

In which areas are you best suited to offer your assistance?

- | | | |
|---|---|---|
| <input type="checkbox"/> Children and Youth | <input type="checkbox"/> Policy Development | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Legislative Contacts |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Volunteer Leadership | <input type="checkbox"/> Health/Wellness | <input type="checkbox"/> Public Speaking |

Special Skills or Qualifications

Skills and qualifications can be acquired through employment, pervious volunteer work or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

Previous and/or Current Volunteer Experience

Have you worked as a volunteer before? If so, what did you do?

Knowledge of the Foster Grandparent Program

Why are you interested in serving as a Board member and are you familiar with or knowledgeable about the FGP program? Please explain.

Other Information

Please share any other information you feel may be important for consideration of your application to serve as a FGP Board member.

Years of School Completed _____

Have you ever been convicted of any criminal offense other than the following?

Minor traffic violation fine (\$500.00 or less) or offenses settled in juvenile court or under welfare youth offender law. Yes [] No [] If yes please explain:

Signature of Applicant

Date

Thank you for completing this information form and for your interest in volunteering with us.