FOSTER CARE REVIEW OFFICE Application to Serve as a Volunteer on a Local Review Board

Per Neb. Rev Stat. §43-1304, "A person employed by the Office, the Department of Health and Human Services, a child-caring agency, a child-placing agency, or a court shall <u>not</u> be appointed to a local board". This includes persons employed by a contractor or sub contractor of the above noted entities.

Home Address City ZIP Email Address	cable)	City		B	Home Phone Cell Phone
Occupation/Name of Employer Occupation Address (if applicable) ZIP Professional Degrees / Experience	cable)		ZIP	B	
Occupation Address (if applicable) ZIP Professional Degrees / Experience	cable)		ZIP	В	usiness Phone
Professional Degrees / Experience			ZIP	В	usiness Phone
	ence				
I am available for training on the following I am available to serve on a Boa					
(check all that apply) the following (check all th					
Day Morning Afternoon Evening Day Morning Afternoon	Evening	Day	Morning	Afternoon	Evening
Mon. Mon.		Mon.			
Tues. Tues.		Tues.			
Wed. Wed.		Wed.			
Thurs. Thurs.		Thurs.			
Fri. Fri.		Fri.			
Sat. NA Sat.	NA	Sat.			NA

I am interested in serving on a local board in (City/Town)

Your application and personal information is kept confidential and used only for the purpose of background checks. All documents are kept in a locked file cabinet. Reports regarding the make-up of our local boards contain only aggregate information and no personal information is used.

Neb. Rev. Stat. §43-1304 states: "The members of the local board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed." In order to comply with the Act, please answer the following:

Your age:	19-30	Family income:	\$ 4,000-10,000
	31-45		\$11,000-20,000
	46-64		\$21,000-39,000
	65+		\$40,000 - above

Gender: Male Female
Marital status: Number of children
<u>Current</u> foster parent? Yes No If yes, with which agency?
If no, were you ever a foster parent? Yes No Adoptive parent? Yes No
Please indicate any potential conflicts of interest that you might have that the FCRO should be aware of. (Use an additional sheet if more room is needed).
Please list current and past volunteer activities (use an additional sheet if more room is needed).
Please list the name, address, phone number and email address (<i>preferred</i>) of two references.
2.
Please write a short paragraph to explain why you would like to serve on a local review board.
Signature Date
* Please be aware that not all applicants will be chosen to serve on a local board - <i>Pursuant to</i> <i>Neb Statutes</i> . Boards are to be well-rounded and diverse in terms of professions, age, gender, race and ethnicity. Vacancies are rare and will be filled based on the needs of the board from the pool of applicants received.
Foster Care Review Office 521 S. 14th Street, Suite 401 Lincoln, NE 68508-2707 - (402) 471-4420 Fax: 402-471-4437 Email: fcro.contact@nebraska.gov
FOR OFFICE USE ONLY:
Dates Documents Received
Application Background CheckConfidentiality Statement
Training Completed: Three Parts:
Part I Part II Part III - Observe Board Meeting
Date appointed Board Assigned

Hispanic

Black

Indian

Asian

Other

FCRO Local Board Member Application

Race: (Circle all Applicable)

Caucasian

Revised 8-6-2013