



Friends of Foster Children

Membership Application

P. O. Box 1105, Arcadia, CA 91077-1105
(626) 445-4542

www.fofcsgv.org
contact@fofcsgv.org

Contact Information

Name			
Street Address			
City ST ZIP Code			
Home Phone		Cell Phone	
E-Mail Address			
Birthday Month/Day			

Membership Information

Please select a membership option:

<input type="checkbox"/>	ACTIVE <u>Annual Dues:</u>	Voting members must work in some capacity on the Sugar Plum Program and who must contribute by: <ul style="list-style-type: none"> ▪ Serving on Program committee OR ▪ Participating in one activity or event OR ▪ Provide services or donation once a year
<input type="checkbox"/>	\$30 – Individual	
<input type="checkbox"/>	\$40 – Family	

<input type="checkbox"/>	SPONSORING	Inactive, non-voting members are required to provide an annual contribution and may participate as time permits.
Annual Contribution:		<input type="checkbox"/> \$25 – Individual <input type="checkbox"/> \$50 to \$99 – Group

<input type="checkbox"/>	PATRON	Inactive, non-voting members who provide financial support.
Annual Contribution:		<input type="checkbox"/> \$100 +

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

New and returning members please fill in.

Volunteer Experience

Summarize your volunteer experience; include work or knowledge related to foster care.

New and returning members please fill in.



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Volunteer Interest

PROGRAM ACTIVITIES

Scholarship – Emancipation Program	<input type="checkbox"/> Mentor – Liaison to Scholarship Recipient	<input type="checkbox"/> Shop – Household items for emancipated youth
Special Friends Program <small>COLLECT, SORT, PACKAGE, DELIVER</small>	<input type="checkbox"/> Bingo Night – assist children, refreshments	<input type="checkbox"/> Sew laundry bags, pillow cases, tote bags
	<input type="checkbox"/> Beach Towels	<input type="checkbox"/> Easter Treats
	<input type="checkbox"/> School Supplies	<input type="checkbox"/> Thanksgiving Treats
		<input type="checkbox"/> Halloween Candy
		<input type="checkbox"/> Toiletry Items
Sugar Plum Program	<input type="checkbox"/> Gift Sorting	<input type="checkbox"/> Tree Shift Scheduling
	<input type="checkbox"/> Gift Delivery	<input type="checkbox"/> Tree Set-up, Daily Opening
	<input type="checkbox"/> Tag Preparation	<input type="checkbox"/> Tree Sitting
	<input type="checkbox"/> Tag Writing	<input type="checkbox"/> Tree Closing, gift pick-up
		<input type="checkbox"/> Committee Leader
		<input type="checkbox"/> Liaison – Community Groups
		<input type="checkbox"/> Secretary
		<input type="checkbox"/> Wish Screening (electronically)

OPERATIONAL AREAS

Communications & Media	<input type="checkbox"/> Newsletter – Content or Layout Editor	<input type="checkbox"/> Social Media
	<input type="checkbox"/> Publicity	<input type="checkbox"/> Website
Fund Development	<input type="checkbox"/> General Fund Raising, Bi-annual Luncheon	
	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Prior Experience <input type="checkbox"/> No Experience
Membership	<input type="checkbox"/> New Member Orientation	<input type="checkbox"/> New Member Recruitment

LEADERSHIP ROLES

Program Manager	<input type="checkbox"/> I am interested in a program administrator role	<input type="checkbox"/> Prior Experience	<input type="checkbox"/> No Experience
Administrator (of operational area)	<input type="checkbox"/> I am interested in an administrator role	<input type="checkbox"/> Prior Experience	<input type="checkbox"/> No Experience

Your Contact Information

The primary purpose for collecting the information requested on this membership application is to establish and maintain record of membership in Friends of Foster Children (FOFC). The contact information is compiled into a member roster which is printed and distributed to ACTIVE members. The information provided in this form will not be shared electronically or in print format outside of the FOFC organization. Limited fields including name, phone number, and email address may be electronically shared with FOFC Officers for planning purposes or Program Administrators and Committee Leaders in cases where a member has expressed interest in the program or committee.

You may opt-out of sharing your contact information as indicated above by checking one or both of the following options:

- Please do not include my contact information in the Membership Roster
- Please do not share my contact information electronically with FOFC Officers and Program Administrators or Committee Leaders

Agreement and Signature

I consent to the methods described unless I have indicated otherwise by selecting one or both options to prevent sharing.

Name (printed)	
Signature	
Date	

Thank you for completing this membership application and for your new or continued interest in Friends of Foster Children.

SECRETARY	RECEIVED:	<input type="checkbox"/> MASTER DB	MEMBERSHIP	<input type="checkbox"/> ROSTER <input type="checkbox"/> OPT-OUT	<input type="checkbox"/> ESHARE <input type="checkbox"/> OPT-OUT
TO TREASURER	CHECK #:	AMOUNT: \$		<input type="checkbox"/> MEMBERSHIP DB	<input type="checkbox"/> MEMBERSHIP INFO