



Friends of Foster Children

Membership Form

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

www.fofcsgv.org
contact@fofcsgv.org

New Member Renewal

Contact Information

Name

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Birthday Month/Day

Membership Information

Please select a membership option:

Active Members should work in some capacity on the Sugar Plum Program and must contribute by:
Annual Dues: - Serving on Program committee OR
 \$35 - Individual - Participating in one activity or event OR
 \$50 - Family - Provide services or donation once a year

Patron Members who provide financial support.
Annual Contribution:
 \$100 +

Donation: \$ _____

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
Special Friends Program	<input type="checkbox"/> Bingo Night – assist children, refreshments <input type="checkbox"/> Beach Towels – collect, sort, package <input type="checkbox"/> School Supplies – collect, sort, package
Sugar Plum Program	<input type="checkbox"/> Gift Sorting <input type="checkbox"/> Tree Shift Scheduling <input type="checkbox"/> Committee Leader <input type="checkbox"/> Gift Delivery <input type="checkbox"/> Tree Set-up, Daily Opening <input type="checkbox"/> Liaison – Community Groups <input type="checkbox"/> Tag Preparation <input type="checkbox"/> Tree Sitting <input type="checkbox"/> Secretary <input type="checkbox"/> Tag Writing <input type="checkbox"/> Tree Closing, gift pick-up <input type="checkbox"/> Wish Screening (electronically)
ORGANIZATIONAL 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 <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 form 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