



Friends of Foster Children Membership Form

P. O. Box 1105
Arcadia, CA 91077-1105

www.fofcsgv.org
contact@fofcsgv.org

New Member Renewal

*Forms returned after April 15th will not be included in the Membership Roster

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.



Friends of Foster Children

Membership Form

P. O. Box 1105
Arcadia, CA 91077-1105

www.fofcsgv.org
contact@fofcsgv.org

Volunteer Interest

COMMITTEE ACTIVITIES & PROJECTS

Foster Caring	<input type="checkbox"/> Liaison to one of the Residential Treatment Centers we serve		
Scholarship/ Emancipation	<input type="checkbox"/> Mentor – Liaison to Scholarship Recipient		
Sugar Plum	<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)
	<input type="checkbox"/> Bingo Night – assist children, refreshments		<input type="checkbox"/> Beach Towels – collect, sort, package
	<input type="checkbox"/> School Supplies – collect, sort, package		

BUSINESS OPERATIONS

Communications	<input type="checkbox"/> Newsletter – Content or Layout Editor				<input type="checkbox"/> Social Media	<input type="checkbox"/> Website	<input type="checkbox"/> Publicity
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

Chairman	<input type="checkbox"/> I am interested in chairing a committee or project	<input type="checkbox"/> Prior Experience	<input type="checkbox"/> No Experience
Administrator (of business operation)	<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		



Adult NAME, Photo & Video Release Form
For Social Media

I acknowledge that Friends of Foster Children San Gabriel Valley (FOFC) may take photos or video of me during official organization events and activities. These photos or video, along with my name, may be used in publications, social media posts, and/or other communications related to the mission of the organization. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Please check one of the following options:

- I **DO** grant permission to FOFC to use my photos/video and name.
- I **DO NOT** grant permission to FOFC to use my photos/video or name
- I **DO** grant permission to FOFC to use my name but not my photos/video.

I acknowledge that I may modify my name, photo/video permissions at any time via written notification to the FOFC President or Vice President.

Signature: _____

Printed Name: _____

Date: _____