

Michigan Supreme Court
State Court Administrative Office
Child Welfare Services
FOSTER CARE REVIEW BOARD PROGRAM

Member Application

Per 1989 PA 74 Sec. 5(1), "A local board shall be composed of five members who reside within the jurisdiction of the local board, and who represent to the maximum extent possible the socio-economic, racial, and ethnic groups residing within that jurisdiction." You are asked to provide information on your age, sex, ethnic origin, and socio-economic status for purposes of achieving this blend and for no other reason. No person employed by the juvenile court, Department of Human Services, or private child placement agency may serve on a local board.

Full Name (include Maiden) _____ Date of Birth _____

Address _____

City _____ Zip _____ County _____

Phone: home _____ work _____ cell _____

E-Mail Address: _____

Race _____ Sex _____ Occupation _____

If employed, place of employment _____

Total family income from previous year

less than \$14,999 \$15,000 to \$49,999 \$50,000 to \$99,999 \$100,000 and over

Are you currently a foster parent? _____

Please describe any connection to or experience with the child welfare system _____

Educational Background
School

Major

Degree Conferred

Educational Background School	Major	Degree Conferred
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? If so, please describe:

Community Involvement (e.g. church work, civic organizations, political parties, boards, commissions, etc.) Please highlight any areas where you have served in leadership capacities. (Attach an extra page if necessary.)

Please describe any advocacy efforts with which you have been involved:

The board will meet approximately one weekday per month from 8:30 a.m. to 5:00 p.m. Would you be available at this time? _____

In addition, board members will be asked to participate in advocacy efforts which may occasionally involve four to six extra hours per month. Are you able to participate in these activities? _____

Why do you wish to serve? (Attach extra page if needed)

References (List name, **complete** address, zip code, and telephone number.)

References reviewed by the State Court Administrative Office will remain confidential.

1) _____

2) _____

3) _____

Please attach a current resume. (Optional)

I UNDERSTAND THAT MY APPLICATION DOES NOT ENSURE APPOINTMENT TO A REVIEW BOARD. FURTHER, I UNDERSTAND THAT I WILL BE CALLED UPON TO ATTEND ALL REVIEWS OF MY BOARD IF APPOINTED. FINALLY, I AGREE TO ATTEND ORIENTATION AND ONGOING TRAINING AS LONG AS I SERVE ON A REVIEW BOARD.

Signature _____ Date _____

Return Applications and Consent for Criminal Background Check to one of the offices below:

Foster Care Review Board Program
Cadillac Building
3034 W. Grand Blvd., Ste. 8-400
Detroit, MI 48202
(313) 972-3280
FAX (313) 972-3289

Counties served:
Berrien, Branch, Calhoun, Cass, Genesee, Hillsdale,
Ingham, Jackson, Kalamazoo, Kent, Lenawee,
Livingston, Macomb, Monroe, Oakland, St. Joseph,
Washtenaw, Wayne.

Foster Care Review Board Program
Gaylord Office
P.O. Box 9
Gaylord, Michigan 49734
(989) 732-0494
FAX (989) 731-4538

Counties served:
Alcona, Alger, Allegan, Alpena, Antrim, Arenac,
Baraga, Barry, Bay, Benzie, Charlevoix, Cheboygan,
Chippewa, Clare, Clinton, Crawford, Delta,
Dickinson, Eaton, Emmet, Gladwin, Gogebic, Grand
Traverse, Gratiot, Houghton, Huron, Ionia, Iosco,
Iron, Isabella, Kalkaska, Keweenaw, Lake, Lapeer,
Leelanau, Luce, Mackinac, Manistee, Marquette,
Mason, Mecosta, Menominee, Midland, Missaukee,
Montcalm, Montmorency, Muskegon, Newaygo,
Oceana, Ogemaw, Ontonagon, Osceola, Oscoda,
Otsego, Ottawa, Presque Isle, Roscommon, Saginaw,
Sanilac, Schoolcraft, Shiawasee, St. Clair, Tuscola,
Van Buren, Wexford.



MICHIGAN SUPREME COURT AND MICHIGAN COURT OF APPEALS



CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION FOR PERSONAL BACKGROUND INVESTIGATION

I give permission to the Court to investigate my driving record and to perform a criminal background check. The information on this form is confidential and, as such, is protected by the federal Privacy Act of 1974, 5 USC § 552a. I understand that my offer of employment may be contingent upon having a clean driving record and not having a criminal history.

This consent for disclosure form in faxed, photocopied or electronic form is as valid as the original, even though it does not contain my original signature. My consent through this form will apply throughout my employment term to the extent permitted by law.

Printed Name _____ Male Female
(Last, First, Middle)

Maiden Name (if applicable): _____

Is there additional information about you under a different name? Yes No

If yes, please list names and explain: _____

Date of Birth (MM/DD/YYYY): _____ Social Security #: _____

Driver's License # _____ State Issued _____

Job Title: FCRB Volunteer Office Location (circle one): Detroit

Supervisor's Name: James Novell, Program Manager, Foster Care Review Board

Start Date: April 1, _____ End Date, if known: 3 years from start date
(Fill in current year)

Please indicate how you would like your name to appear on email messages, phone lists, etc. This name will be used for setting up your network and email user accounts once your background check has been cleared.

Race/Ethnicity (Voluntary for federal EEOC reporting):

- | | |
|---|--|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic | |

Signature _____ Date _____

An ORIGINAL signed hard copy of this form must be sent to Human Resources at least **15 business days prior to start date**:

**Foster Care Review Board
3034 W. Grand Blvd., Suite 8-400
Detroit, MI 48202
313-972-3280**

**- or -
P.O. Box 9
Gaylord, MI 49734-0009
989-732-0494**