**Maryland Resource Parent Association**

**Board Application Form**

**(Either print this document and fill out manually, or complete in MS Word)**

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| --- | --- |
| **Your Name** |  |
| **Mailing Address** |  |
| **DayTime Telephone** |  |
| **Email Address** |  |
| **Are you currently a foster, kinship or adoptive parent? Check one.** |  | **Yes** |  | **No** |
|  |
| **Have you ever been involved with any parent/family organizations? Please describe.** |
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| **Are you now, or have you ever been involved in any community organizations? Please describe.** |
|  |
| **Are you now, or have you ever been a member of a board of directors? Please describe.** |
|  |
| **Why do you want to be a board member of MRPA?** |
|  |
| **Do you have experience working in the following areas? Check all that apply.** |
|  |
|  | **Personal Experience** |  | **Legal/Court System** |
|  | **Advocacy** |  | **Grant Writing** |
|  | **Support Groups** |  | **Finance** |
|  | **Marketing/Public Relations** |  | **Mental Health Provider** |
|  | **Healthcare** |  | **Fundraising** |
|  | **Education** |  | **Health Insurance** |
|  |  |  | **System of Care** |
|  |
| **Briefly describe your experience and other skills that would benefit this Association.** |
|  |
| ***Please complete the following information about yourself.*** |
| **County where you live.** |  |
| **How would you contribute to the board’s cultural diversity?** |  |
| **Are you currently employed outside the home?** |  |
| **If yes, where do you work, and what do you do?** |  |
|  |
| ***The following questions ask for some personal information about you. It is important that we select board members who have a personal interest in resource parents and the children they serve. This information is confidential and will not be shared with anyone except the sitting board. Thank you for your interest.*** |
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| **How did you hear about MRPA and the opportunity to become a board member?** |
|  |
| **10. Please list one personal and one professional reference with their daytime contact information. (A sitting board member may contact these people).** |
| **Personal Reference Name** | **Daytime Phone Number** | **E-mail Address** |
|  |  |  |
| **Professional Reference Name** | **Daytime Phone Number** | **E-mail Address** |
|  |  |  |

**You may mail your application to:**

**Maryland Resource Parent Association**

**C/o Helen Nicolson Nominating Committee**

**25151 Smithville RD**

**Worton, MD 21678**

**Or, email your application to** **Imajunebug1937@yahoo.com**