



FINGER LAKES PARENT NETWORK, INC.
BOARD MEMBERSHIP APPLICATION

NAME _____ DATE _____

HOME ADDRESS _____

COUNTY/BOROUGH _____ HOME TELEPHONE _____

NOMINATED FOR MEMBERSHIP BY: _____

Are you the Parent or Guardian of a child with an Emotional, Behavioral, Mental and/or Developmental Challenge Yes No

Occupation or Profession _____

Educational Background _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE _____

Where do you prefer your mail to go? Business Home

Have you ever been a subject of a child abuse or neglect case which was founded by the Department of Child Protective Services? Yes No

If yes, please explain; _____

Have you ever been convicted of a misdemeanor? Yes No

If yes, please explain; _____

Have you ever been convicted of a felony? Yes No

If yes, please explain; _____

Have you ever defaulted on a college loan or been convicted of Medicaid or insurance fraud?

Yes No If yes, please explain; _____

Please share with us your strengths and areas of expertise.

1. Ability to raise money for the Finger Lakes Parent Network Yes No
2. Ability to educate the community on children's issues Yes No
3. Ability to deal with organizational problems Yes No
4. Leadership skills:

General	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizational	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administrative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Energy and enthusiasm for the Parent Network Yes No
6. Interest in being an officer? Yes No

Please check skills you could contribute as a board member.

- | | |
|---|--|
| <input type="checkbox"/> Advocacy Skills | <input type="checkbox"/> Corporate Funds/Gifts |
| <input type="checkbox"/> Community Activities | <input type="checkbox"/> Legal Matters |
| <input type="checkbox"/> Corporate or Business | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Finance and Administrative | <input type="checkbox"/> Children's Services |
| <input type="checkbox"/> Training | <input type="checkbox"/> Children's Issues |
| <input type="checkbox"/> Financial Development | <input type="checkbox"/> Family Issues |
| <input type="checkbox"/> Minority Concerns | <input type="checkbox"/> Public Relations |
| | <input type="checkbox"/> Public Policy |

Current or Past Philanthropic or Charitable Affiliations _____

Other Affiliations (Clubs, Professional Associates, etc.) _____

I understand that a Medicaid, insurance fraud and college loan default clearance will be run through the Federal Office of the Inspector General.

I understand that any false statements, misrepresentations or omissions of facts on this application shall be considered sufficient cause for my dismissal.

I hereby authorize FLPN to investigate any aspects of my application.

Applicant: _____

Date: _____

Return to: Finger Lakes Parent Network Inc.
25 W. Steuben St.
Bath, NY 14810

Or email: flpninc25@flpn.org