

**FOSTER CARE REVIEW OFFICE**  
**Application to Serve as a Volunteer on a Local Review Board**

Per Neb. Rev Stat. §43-1304, “A person employed by the Office, the Department of Health and Human Services (*any division*), a child-caring agency, a child-placing agency, or a court shall not be appointed to a local board”. This includes persons employed by a contractor or sub contractor of the above noted entities.

**Name**

**Home Address** **City** **ZIP** **Home Phone**

**Personal Email Address** **Cell Phone**

**Occupation/Name of Employer** (*if employed – refer to statute at top of page*)

**Experience and/or Professional Degrees** (*please summarize your experience*)

I am available for <b>training</b> on the following (check all that apply)				I am available to <b>serve on a Board</b> that meets on the following (check all that apply)			
Day	Morning	Afternoon	Evening	Day	Morning	Afternoon	Evening
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday			N/A	<i>Boards meet Monday through Thursday – No Friday meetings unless it is a make-up meeting.</i>			
Saturday	N/A	N/A	N/A				

I am interested in serving on a local board in (City/Town) \_\_\_\_\_

**Your application and personal information is kept confidential and used only for the purpose of background checks. Reports regarding the make-up of our local boards contain only aggregate information.**

Neb. Rev. Stat. §43-1304 states: “The members of the local board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed.” In order to comply with the Act, please answer the following:

Your Date of Birth: \_\_\_\_\_ Family income: \$ 4,000 - 10,999 \_\_\_\_\_  
 \$11,000 - 20,999 \_\_\_\_\_  
 \$21,000 - 39,999 \_\_\_\_\_  
 \$40,000 - Above \_\_\_\_\_

**Race:** (*Circle*) Black White Am. Indian Native Hawaiian Asian Other (Specify):

**Ethnicity:** Hispanic Non-Hispanic Other (Specify):

**Gender:** Male Female

**Marital Status:** \_\_\_\_\_ **Number of Children** \_\_\_\_\_

Have you ever been convicted of a crime, except minor traffic violations? Yes\_\_\_ No\_\_\_  
If yes, please explain:

Any juvenile court involvement as an adult? Yes\_\_\_ No\_\_\_ If yes, please provide details.

Have you ever been on the Adult Abuse or Child Abuse Central Registry? Yes\_\_\_ No\_\_\_  
If yes, please explain:

**Current Foster Parent?** Yes\_\_\_ No\_\_\_ **If yes, with what agency?** \_\_\_\_\_

If no, were you ever a foster parent? Yes\_\_\_ No\_\_\_ Adoptive parent? Yes\_\_\_ No\_\_\_

**Please indicate any potential conflicts of interest** that you might have in reviewing cases (*Review Conflict of Interest Statement*).

Where you trained to be a CASA volunteer? Yes\_\_\_ No\_\_\_

**Please list current and past volunteer activities** (*Use an additional sheet if needed*).

Please list the name, address, phone number and **email address** (*preferred*) of two references.

1. \_\_\_\_\_

2. \_\_\_\_\_

Please write a short paragraph to explain why you would like to serve on a local review board. (*Use an additional sheet if needed*).

I hereby authorize the release of information regarding my abilities. I further release all persons and the FCRO from any and all liability resulting from the furnishing of such information. All information listed by me on this application is true and correct to the best of my knowledge. I understand that any information that is disclosed to me while volunteering at the FCRO is confidential. Finally I interpret "volunteer" to mean that I have agreed to work without financial compensation. Having been accepted as a volunteer, I will follow the policies and procedures presented during the volunteer training, throughout the handbook, the manual, and provided in future written or electronic communication and/or training.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Investigative Reporting Acknowledgement:** By signing below, I authorize that a thorough investigation may be made in connection with my application for volunteering concerning my character, general reputation, personal characteristics, and criminal record, whichever may be applicable, for volunteer purposes, consistent with federal and state law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please be aware that not all applicants will be approved by the Director and will be chosen to serve on a local board pursuant to Neb Statutes. Local Review Boards are to be well-rounded and diverse in terms of experience, professions, socio-economic status, age, gender, race and ethnicity. Vacancies are limited and will be filled based on the needs of the board from the pool of applicants received.**

Foster Care Review Office  
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Lincoln, NE 68508 - (402) 471-4420  
Fax: 402-471-4437  
Email: fcro.contact@nebraska.gov

**FOR OFFICE USE ONLY:**

Documents Received (Date) \_\_\_\_\_ By \_\_\_\_\_

Comments: