Last Name: Agency Affiliation:

First Name: List in Online Directory: Yes No

Spouse/Partner Name: Provide Respite Care: Yes No

Address: Check all that apply: Foster family

Adoptive family

City: Kinship family

State: Zip: \_\_\_\_\_\_ Guardianship

Cell Phone: Email:

Cell Phone: Email:

**Children** - Biological and/or Adopted living at home (18 and under unless special needs). **CHECK** those that are adopted.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Date of Birth mm/dd/yy | Gender | Adopted |  | Name | Date of Birth mm/dd/yy | Gender | Adopted |
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# Children - Foster

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth mm/dd/yy | Gender | County of Residence |
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**Volunteering** – A total of 30 hours *per year per family* is required. If you are unable to complete 30 hours per year, you will be required to pay an additional $150 with your membership dues.

Mail to: **FAFLC** Annual Membership Dues = $50.00

246 S. Cleveland Ave. Affiliated Membership Dues = $60.00 Loveland, CO 80537 Unaffiliated Membership Dues = $75.00

Opting Out of Volunteer Hours: $150.00