

Application for FAPT/RIC Parent Representatives  
City of Roanoke CSA

Please answer the following questions:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone – Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

SS#: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

1. Are you a parent/foster parent/step-parent? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have experience with:  
Special Ed Children \_\_\_\_\_ LD \_\_\_\_\_ ED \_\_\_\_\_ SED \_\_\_\_\_ OHI \_\_\_\_\_  
At-Risk Children \_\_\_\_\_ Foster Children \_\_\_\_\_ Juvenile Court System \_\_\_\_\_  
Residential Services \_\_\_\_\_ Community Based Services \_\_\_\_\_

3. Please describe your experience working with these children:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Time Available to Volunteer:  
Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

5. Please List Education/Work Experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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