

PARENT COMMITTEE APPLICATION

CONTACT INFO

Name: _____

Address: _____

Phone: _____

Email: _____

Are you a parent to someone living with FASD? Yes No

Are you a family member to someone living with FASD? Yes No

Do you live with FASD? Yes No

How old is the individual who lives with FASD? _____

Do they live with you full-time? Yes No

Why are you interested in joining the Network's Parent Advisory Committee?

How do you feel the Network would benefit from your involvement on the Committee?

Please list any other boards or committees you have served on:

Signature: _____

Date: _____