



www.tffa.org

TEXAS FOSTER FAMILY ASSOCIATION

Resume For Elected Office

Position desired) _____

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ STREET _____ ZIP _____

PHONE: _____ **E-MAIL** _____ **REGION** _____

EXPERIENCE AS A FOSTER PARENT:

~NUMBER OF YEARS AS A FOSTER PARENT: _____

~AGE RANGE OF CHILDREN CARED FOR: (CHECK ALL THAT APPLY)

___ INFANTS ___ PRESCHOOL ___ ELEMENTARY ___ TEENAGE

~ARE YOU CURRENTLY A FOSTER PARENT? YES OR NO (CIRCLE ONE)

IF NO: WAS YOUR HOME CLOSED IN GOOD STANDING? YES OR NO (CIRCLE ONE)

DESCRIBE YOUR FAMILY:

OBJECTIVE (WHY YOU ARE SEEKING THIS POSITION)

QUALIFICATIONS FOR POSITION:

VOLUNTEER EXPERIENCE:

AWARDS & RECOGNITION:

RESUME CONTINUED FOR: (name) _____

OTHER INFORMATION: (YOU FEEL IS IMPORTANT ABOUT YOU)

(Signature of Applicant)

No additional pages or Form will be accepted

RESPONDENTS MUST BE CURRENT INDIVIDUAL MEMBERS OF:
TEXAS FOSTER FAMILY ASSOCIATION, INC.

Mail completed signed resume before June 21st of each Conference year to:

TFFA ELECTION CHAIR

c/o ANN BAILIFF

P.O. BOX 2225

BROWNWOOD, TX 76804