

FCAA CHAPTER APPLICATION FORM



Connecting Today... Transforming Tomorrow

www.fostercarealumni.org

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INSTRUCTIONS

We are pleased to invite groups of alumni from around the country to submit application to become official Chapters of Foster Care Alumni of America! Our chapter structures and supports are in constant development, always being led by people like YOU—our members, alumni and allies who are committed to **Connecting Today...Transforming Tomorrow**. We are so looking forward to welcoming your group as one of our chapters, which will forever be part of the strong foundation we've built to ensure the alumni community is permanent and sustainable, and that we are making changes in practice and policy for those who come after us in foster care.

Attached you will find the Chapter Application Form. Here is the timeline for chapter establishment:

1. **Groups submit Chapter Applications at any time they have met the requirements and believe they are ready to establish a chapter**
2. **The FCAA Chapter Committee reviews the chapter application at their next regular meeting. These meetings happen the first Wednesday of each even numbered month.**
3. **The FCAA Chapter Committee determines whether they need more information and makes a recommendation to the FCAA Board of Directors regarding the chapter application.**
4. **The FCAA Board of Directors votes on the establishment of your chapter at their next regular meeting.**

Please complete the application form electronically and submit it to Misty Stenslie, Deputy Director by email to mstenslie@fostercarealumni.org. The application form shows grey spaces where you will input the answers to the questions. Note that you are able to use as much space as you would like as those fields are unlimited. **Make sure you save the application on your desktop prior to inputting information.** If you have any trouble with the application, you may submit your application information as a plain Word document.

If you have any questions or concerns, or you need any kind of assistance, please contact Misty at the email above or by telephone at (703)862 7295.

Please be very descriptive as you complete the application. Missing or unclear information could lead to a delay in the establishment of your chapter!

CHAPTER APPLICATION CHECKLIST

- We have at least 7 FCAA members, the majority of whom are alumni of foster care, committed to building our chapter

- We have identified at least 3 members who will act as the primary FCAA contact people during the application process and who will ensure that all members of our chapter are informed and invited to participate in the process of establishing our chapter. These members will accept this responsibility until our chapter holds officer elections

- We have thoroughly reviewed the Chapter Charter, Chapter Articles of Organization and Chapter Policies and Procedures and agree to operate our chapter in accordance with the requirements and guidelines of those documents

- We have completed the Chapter Application Form and agree to establish our chapter officially immediately upon ratification by the FCAA Board of Directors.

- We have identified a process and a date for meeting as a chapter within 45 days of being established in order to elect officers. We understand that Misty Stenslie will attend this meeting if requested in order to provide support

- We have requested the support we need in order to complete the application process and to officially launch our chapter

FCAA CHAPTER APPLICATION

GEOGRAPHIC AREA OUR CHAPTER COVERS

What is the location of your chapter?

Remember that your chapter's name will include your location name and will be **Foster Care Alumni of America** (location name) Chapter.

CHAPTER CONTACTS DURING APPLICATION

The following three members will be our designated contacts for FCAA during the application process and will be responsible for ensuring that all FCAA members in our chapter's area will be informed and will have the opportunity to participate in establishing our chapter until we have elected officers:

Name

Email address

Phone Number

Name

Email address

Phone Number

Name

Email address

Phone Number

WHY HAVE YOU DECIDED TO ESTABLISH AN FCAA CHAPTER IN YOUR LOCATION?

DO YOU HAVE ANY PROJECTS/INITIATIVES IN PROCESS RIGHT NOW? IF SO, PLEASE DESCRIBE THEM, INCLUDING YOUR PROGRESS TO DATE AND YOUR NEXT STEPS:

WHAT ARE THE SPECIFIC SUPPORTS AND RESOURCES YOU NEED AS YOU OFFICIALLY LAUNCH YOUR CHAPTER?

WHAT IS THE DATE YOU WILL HOLD YOUR OFFICER ELECTIONS?

DO YOU HAVE ANY OTHER QUESTIONS OR COMMENTS YOU'D LIKE TO SHARE WITH THE FCAA STAFF, CHAPTER COMMITTEE, OR BOARD OF DIRECTORS?

THANK YOU!



