



Idaho's Heart

Services and Education



Safe Haven Crisis Nursery Advisory Committee Membership Information

Name: _____ Date: _____

Home Address: _____ City: _____ Zip: _____

Phone Numbers:

Home: _____ Work: _____ Other: _____ Type: _____

Employer: _____ Occupation: _____

Work Address: _____ City: _____ Zip: _____

Email Address: _____

Where would you like materials mailed: Home Work (Please select only one)

Representing: Individual (use my name only) Organization (use my and my organization's name)

Educational background:

Special licenses, certificates, skills:

Please comment on any knowledge/experience you have in the field of child abuse prevention, intervention or education and/or non-profit organizations:

What sub committee(s) are you interested in?

I acknowledge that by submitting this application, I am volunteering for Idaho's Heart for the specific purpose of opening a crisis nursery in the Boise area. I am also authorizing use of my name, education, and skills for entry in public relations pieces, grant applications, and other materials that may assist in lending credibility to this project.

Signature

Date

(Mail completed form to: Idaho's Heart, PO Box 4941, Boise ID 83711 or email to idahosheart@ideasforyou.com)