



Board Member Information

Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone Number: _____

Work Telephone Number _____

Is it Permitted to call you at Work Yes No

Best time to call at Home: _____ Best time to call at Work: _____

Cell Phone: _____ Is it Permitted to call your Cell Phone Yes No

Email Address Home: _____

Work: _____

Is it Permitted to email you at Work Yes No Limited amounts Limited to Emergencies

Other email address: _____

How many times do you check your home Email:

Once a day More than once a day Once a week More than once a week Weekends Only

Emergency Contact: Name: _____ Phone Number: _____

Directors should fill out the Emergency Form

Other Information for the FRRS Board of Directors to have for you:

Last updated: _____