

Save Kids of Incarcerated Parents



SKIP, Inc. Community Resource Services

PO Box 250347

Montgomery, AL 36125-0347

Phone: 334-549-9674 or 334/281-3721 Email: skipinc@att.net Website: www.skipinc.org

State Chapter Application

Date of Application: _____ City: _____ State: _____

Applicant: _____ Address: _____
(Last) (First) (Middle) (Street) (Zip code)

Phone: (____) _____ Work: (____) _____ Cell: (____) _____ Fax: (____) _____

BD (no yr.): _____ Last 4 digits of SS: _____ D. L. # _____

Email: _____ Years of experience with children: _____

Marital Status: () Married () Single () Widowed Spouse: _____

Children/Ages: _____

Occupation: _____ Employer: _____

Education: High School: _____ Graduate ___ yes ___ no

College: _____ Graduate ___ yes ___ no

Other: _____

Health Limitations and or Problems: _____

Military History: _____
(Branch of Service) (# of years Served) (Rank Held)

Organizations and Community Affiliations: _____

Activities and Honors: _____

Have you ever been incarcerated? () yes () no If yes, where? _____

Date(s) and reason for conviction(s): _____

SKIP, Inc. cont.

Advisory Board Members: (Attachment documentation)

Positions	Names	Addresses	City	State Zip Code
President				
Vice President				
Secretary				
Financial Secretary				
Treasurer				
Webmaster/Journalist				

Volunteers:

Names	Occupation	Addresses	City	State Zip Code

Partners:

Business/Organizations	Names	Addresses	City	State Zip Code

Mark X to indicate what program(s) and project(s) you wish to implement?

- _____ Saturday Educational and Enrichment? How many? _____
Location? _____
- _____ Summer Program? How many Weeks? _____
Location? _____
- _____ Afterschool? How many days? _____
Location? _____
- _____ Field Trips? How many? _____
Location(s)? _____
- _____ Food Bank Ministry? Name of agency: _____
Location: _____
- _____ Christmas Project?
Partner? _____
- _____ Going to the Correctional Facilities: Name: _____
Location(s)? _____

SKIP, Inc. cont.

Documentation Checklist:

Advisory Board Members: (Attachment documentation)

Resume credentials (certificates)

Please write briefly your **Child Abuse Plan** and how your advisory board, volunteers, caregivers and students will adhere to it.

Note that the \$300 Application fee is non-refundable..

I, _____ plan on meeting my financial obligation of paying a one-time fee of \$300 and \$500 for the SKIP, Inc. Community Resource Services Chapter Membership Certificate located in the State of _____ and further understand that until paid in full, I will receive the certificate, Articles of Incorporation – Bylaws and Handbook.

I, _____ agree to make payments by:

- Credit Card
- PayPal
- Check

The following Agreement is to be notarized:

Signature: I, _____ agree to abide by the SKIP, Inc. Constitution and By-Laws of this Corporation, rules and regulations.

Subscribed and sworn before me this ____ day of _____
Month Year

NOTARY PUBLIC
MY COMMISSION EXPIRES