



# 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:

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Last updated: \_\_\_\_\_