



FAMILY CAMPERS & RVers FIELD DIRECTORS APPOINTMENT - RELEASE FORM

NAME(S):	FCRV	MEMBERSHIP #
ADDRESS:		
PHONE:	EMA	ſL:
DATE OF REAPPOINTMENT:	POSITION:	
May 1 - October 1). 4. Make personal contact with chapter 5. Keep your field manual up to date. 6. Attend at least one of the three field 7. Other duties and meetings as require I (we) hereby acknowledge and und	vsletters from Chector on or before s in your area to staff meetings a led periodically be the stand that this	hapters in your area. e the required reporting dates (February 1 - keep them informed of FCRV activities. and/or training weekends per year.
I (we) hereby request to be released and equipment of the organization.	of our duties as	Field Staff and will return all pertinent files
Date:	- ~~~~~~	~
RELEASE DATE:		State/Provincial Director