



Kids That Care Club Application

Applicant's First & Last Name:

School: _____ Age: _____ Year: _____

School Address:

E-mail: _____ Phone #: _____

If not a student, but want to be a member, please provide your contact information:

Name: _____

Address: _____

E-mail: _____ Phone #: _____

Questions

1. How did you hear about Kids That Care Club?

2. Why are you interested in joining a Kids That Care Club at your school?

3. What do you hope to benefit by becoming a member of Kids That Care Club?

4. What ideas will you bring to your group for possible goals and projects for Kids That Care Club?

5. Are you involved in other community service organizations or projects?

Yes _____ No _____

After filling out this application, please save the file as "Your_lastname" and e-mail to info@kidsthatcareclub.com with the subject line reading "KTCC Application"

OR Print and mail to the following address:

**KTCC Project Director
Kids That Care Club
1042 Lewis St.
Santa Clara, CA 95050**