

Children's Home Network Young Professionals Committee

Member Application

Applicant Information						
Full Name:				Date:		
Last	First		М.І.			
Address:						
Street Address				Apartment/U	nit #	
City			State	ZIP Code	<u> </u>	
Phone:		Email				
Employer Name		Work Phone .:				
LinkedIn profile or						
other social media accounts:						
T-Shirt Size?	Dr	o you have any dieta	rv restrictions?	Yes	No □	
	D	s you have any dietal				
If yes, please list:						
	Sponsors	s Information				
Are you being sponsored?						
Sponsor Name:						
Address:				Apartment/U	nit #	
City Si	tate			ZIP Code		
Sponsor Phone:	Sponsor Email:					
Who Referred you to the Committee? Name:			Email:			
Phone Number:	EI	mployer:				



Supporting Info and Volunteer History					
Name some of your passion/interest areas that you currently volunteer for (or hope to soon). Was it a not-for profit organization? Why did you or would you choose those organization(s)? And lastly (if yes), what was your level of involvement with the organization(s)?					

Why are you interested in joining Children's Home Network Young Professionals Committee?	
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Is there any additional information you would like to share with us?	

Please send completed applications or any questions regarding the application to: Lauren Miller, Event & Community Engagement Manager at Children's Home Network LMiller@childrenshomenetwork.org

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date:_____