



Christ Child Society of Cleveland

A Volunteer Service Organization

APPLICATION FOR MEMBERSHIP ~ Please Print

Name: _____
Last Name First Name

How Do You Want Your Name to Read in Our Directory: _____

Marital Status: _____ Husband's Full Name: _____ Maiden Name: _____
If applicable if applicable

Address: _____

City: _____ State: OH Zip: _____

Home Phone: _____ E-Mail: _____

Cell Phone: _____ Parish/Church: _____

How did you learn about us? _____

Special Skills and Interests: (ie: Business, Computer, Publicity, Writing, Artistic, Merchandising, Fund Raising, etc.)

Previous Volunteer Experience: _____

Name of Sponsor: _____

Sponsor: (Current Christ Child Society Member) *If Applicant does not have a Sponsor, the Provisional Chair will assign one.*

I understand that when I am accepted as a Provisional Member of the Christ Child Society, I will meet the provisional requirements. Upon acceptance as an active member I am expected to complete a minimum of fifty (50) volunteer hours in any Christ Child sanctioned projects or meet the requirements of an "Active Supporting Member" for 4 consecutive years. Christ Child Society Year is July 1st - June 30th.

Signature of Applicant: _____

Please Enclose Your Application Fee in the Amount of \$60.00. Checks should be made Payable to "The Christ Child Society" and mailed to:
Christ Child Society of Cleveland, Parmadale, 6753 State Road, Parma OH 44134

Administrative Use Only
Date Application Sent: _____ Date Application Received: _____