



CHRIST CHILD SOCIETY
OF CLEVELAND
WHERE LOVE LEADS TO ACTION

A Volunteer Service Organization

APPLICATION FOR MEMBERSHIP ~ Please Print

Name: _____
Last Name *First Name*

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

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, Fundraising, etc.)*

Previous Volunteer Experience: _____

Name of Sponsor: _____

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

I understand that when I am accepted as a Provisional Member of the Christ Child Society of Cleveland, I will meet the provisional requirements. Upon acceptance into membership, I will comply with the Chapter membership requirement which, for active members, is completion of a minimum of fifty (50) volunteer hours each year in any Christ Child Society sanctioned projects.

Signature of Applicant: _____

**Please Enclose Your Application Fee in the Amount of \$75.00. Checks should be made Payable to "The Christ Child Society" and mailed to:
Christ Child Society of Cleveland, 7901 Detroit Avenue, Suite 300, Cleveland, OH 44102**