



# Kids That Care Club Application

## General Information

Applicant's First & Last Name: -

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School: \_\_\_\_\_ Age: \_\_\_\_\_ Year: \_\_\_\_\_

School Address:

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E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Our KTCC coordinator will be contacting you via e-mail following submission.)

Your Address (Street, City, State, ZIP):

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How do you intend to conduct meetings? (Check all that apply)

Via Skype    in person    combination

## Questions

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

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

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

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_

After filling out this application, please save the file as "Your City\_Your LastName" and e-mail to [info@kidsthatcareclub.com](mailto: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**