



WITAN MEMBERSHIP APPLICATION

NAME _____
(last) (first) (middle) (maiden)

ADDRESS _____

PHONE #1 _____ PHONE #2 _____

EMAIL _____ BIRTHPLACE _____

FAMILY _____

EDUCATION _____

LIVED IN OTHER LOCATIONS? _____

EMPLOYED? _____ WHERE? _____

SKILLS AND TALENTS:

SPARE TIME ACTIVITIES:

OTHER MEMBERSHIPS: (Optional - as a possible contact person)

PREVIOUS AND/OR CURRENT VOLUNTEER ACTIVITIES:

.....
SPONSOR NAME: _____ SPONSOR PHONE NUMBER _____

I HIGHLY RECOMMEND _____

IS CANDIDATE AWARE OF HER FINANCIAL AND TIME OBLIGATIONS? _____

ANY OTHER INFORMATION YOU FEEL IS PERTINENT?

As a Sponsor I will accept the responsibility for her throughout her Conditional Membership, and will help her in any way I can to fulfill her obligations.

SPONSOR SIGNATURE _____ DATE _____

Please mail this form to : Corrine Tennent, 6971 Crystal Creek Drive, Brecksville, OH 44141