

# Coakleys Foundation Application

CHILD'S NAME \_\_\_\_\_

PARENTS NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

ARE YOU OVER 18? Y / N (OPTIONAL) BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG AT PRESENT RESIDENCE? \_\_\_\_\_ HOW LONG AT PRIOR RESIDENCE? \_\_\_\_\_

PRESENT LANDLORD \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

IF HOMEOWNER, MORTGAGE BANK \_\_\_\_\_ ACCT # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

HOW LONG? \_\_\_\_\_ SAL/WAGE/#HRS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

HOW LONG? \_\_\_\_\_ SAL/WAGE/#HRS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

WHAT ACTIVITY IS THE CHILD INVOLVED IN? \_\_\_\_\_

HOW LONG HAS THE CHILD PARTICIPATED IN THE ACTIVITY? \_\_\_\_\_

WHAT DOES THE CHILD NEED TO BE ABLE TO BE IN THAT ACTIVITY? \_\_\_\_\_

\_\_\_\_\_ HOW MUCH DOES IT COST? \_\_\_\_\_ ?

NAME OF PERSON FILLING OUT THIS FORM \_\_\_\_\_

I/We declare that the forgoing information is true and correct, and I/We hereby authorize you to conduct an employment and credit check and to verify our references. The above creditors and account holders are hereby authorized to release all information regarding my accounts to The Coakleys Foundation, Inc, a 503-c Corporation.

SIGNATURE \_\_\_\_\_