

# Kids Joining Eternity

## Key Contact Application

Mark all of the areas you are interested in participating/receiving more information:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Volunteer call you    | <input type="checkbox"/> Attend support group       | <input type="checkbox"/> Book Donation in baby's name(s)    |
| <input type="checkbox"/> Volunteer meet you    | <input type="checkbox"/> Honor your angel baby(ies) | <input type="checkbox"/> Infant Awareness Family Event Oct. |
| <input type="checkbox"/> Enroll in Bible Study | <input type="checkbox"/> Mother/Father Events       | <input type="checkbox"/> Fundraising Events                 |

Name \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County live in \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you over 18?  Yes  No If under 18, current age: \_\_\_\_\_

Have you ever lost a baby/child?  Yes  No If Yes, how long ago since your last loss: \_\_\_\_\_

If Yes, please list the date(s) of your loss(es) and how far along you were each time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who referred you to contact Kids Joining Eternity? \_\_\_\_\_

Do you prefer a phone call, text message or email for initial contact? \_\_\_\_\_

Is there a time of day/day of the week that is best to contact you? \_\_\_\_\_

Is there any other information you would like us to know before we contact you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(if applicant is under 18)