



## ***N.I.C.K. SERVICES CHILDREN SPONSOR REQUEST FORM***

Date:
Childs Name:
Childs Age:
Program:

Parents Name:
Parents Email:
Parents Phone #:

Who or agency referred the child:
Reason to be sponsored:
Would you consider volunteering for our organization?

Approval of N.I.C.K Board:
Approval of Program:

Please fill out and return application to a program director, any N.I.C.K board member or email it to [nickservinc@gmail.com](mailto:nickservinc@gmail.com). Once received, your child's application will be reviewed by the Board of Directors. If you need more information, you may call or text 717-926-2488.

Kind Regards,

N.I.C.K Services