

National Foundation for Blind Children Program Affiliation Application

Program Name:

Sponsoring Agency (if applicable):

Street Address:

City:

State:

Zip:

Phone #:

Fax #:

Email address:

Website:

Name of Program Director:

Date program started:

Check here if this is a new program

Following Questions Apply to Existing Programs Only:

Age range of children served by program:

Number of Children who actively participate in program:

What is the typical volunteer to child ratio at your events?

Do you have clearances for your volunteers (Child Abuse History, Criminal

Record Check)? YES NO

How often do you hold events?

What are some examples of events you have held in the past?

Do you offer summer camp programs? YES NO

Are your summer camps day camps or overnight/residential?

Are children in your program responsible for any costs or tuition? YES NO

If so, please explain.

How are children transported to your events?

If your group is travelling to an activity, who provides transportation?

Is there anything else you would like to share about your children's program?

Following Questions are for NEW Children's Programs:

What is your experience in working with children who are blind and visually impaired?

What age range of children are you planning to serve?

How often do you plan to hold events?

Are you planning to offer a summer camp program? YES NO

How are you planning to fund your program (tuition, donations, grants, etc.)?

What are your primary goals for your children's program?

Applicant's Statement

I certify that answers given herein are complete to the best of my knowledge. I authorize investigations of all statements contained in this application. I understand that false or misleading information given in my application may result in loss of affiliation with the National Foundation for Blind Children.

signature of applicant

date

Directions for submitting application:

Fill out application in Word and email it as an attachment to:
application@foundationforblindchildren.org

OR

Print application and send it to:

**The National Foundation for Blind Children
1230 Stambaugh Ave.
Sharon, PA 16146**