



CORPORATE VOLUNTEER APPLICATION

Name of Organization: _____

Address: _____

City _____ State: _____ Zip _____

Name of Contact Person: _____

Phone: _____ Cell: _____

Email Address: _____

How did you hear about Broward Children's Center? _____

Our organization is interested:

In Working Directly with Broward Children's Center Residents _____

Hosting a Supply Drive _____

Hosting a Fundraiser _____

Participating in Special Events such as Miles for Smiles _____

A Corporate Day of Service _____

Other _____

Additional Comments: _____

Please email completed form, with any additional questions to volunteer@bckkids.org.