storywalker™

AGENCY APPLICATION

Name:

Which category best describes you?

___ Student **Age:** **Grade:**

___ Parent/Grandparent **Children's ages:**

___ Educator **Age/Grade/Subject:**

___ Youth Group or Club Leader

Ages served: **Years of service:**

___ Afterschool Program Administrator

Organization:

___ Community Volunteer

School, church/temple or club:

Town/City:

Email or postal address:
(Confidential information)

What do you love to do? **Special skills:**

What problem would you like help solving?
(Personal problem or world problem)

How would you like to help us?

___ I would like to start a special unit in my school, club, neighorhood or place of worship. Please send me a starter kit.

___ I prefer to join as an independent agent. Please send me further instructions.

___ I can help with financial assistance and have enclosed a small anonymous non-deductible gift in the amount of $1, $5 or $10.