



**APPLICATION**

**ANGELS ON ASSIGNMENT**

**A Nonprofit Volunteer Organization Dedicated to Helping Children  
by Providing Solutions for Families with a Seriously Ill Member**

Applicant Name: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How Many People Reside in Your Home? \_\_\_\_\_

Please list the name, age and relationship of each person that lives in your home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





How Can Angels on Assignment Be of Help to Your Family? \_\_\_\_\_

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Do you know any other fund-raisers planned for your family? \_\_\_\_\_

Are you receiving help from any other agency or organization? \_\_\_\_\_  
If so, which agency or organization? \_\_\_\_\_

I have recorded information on this application which is true, to the best of my knowledge and belief. I understand that I may be asked to obtain documentation supporting my medical history from my primary care physician.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(applicant, parent or guardian)

*submit form to: [Forms@AngelsAssigned.org](mailto:Forms@AngelsAssigned.org)*