

# Special Fathers Network Preliminary Application

(Please Print Neatly)

Your Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status (circle one): Married Single Divorced

Home # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Preferred time of day to be contacted (circle all that apply): Morning Afternoon Evening

e-mail address \_\_\_\_\_

Employer \_\_\_\_\_

Title \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

	Child's First & Last Name	Boy / Girl	Child / Step	Date of Birth
#1	_____	_____	_____	____/____/____
#2	_____	_____	_____	____/____/____
#3	_____	_____	_____	____/____/____
#4	_____	_____	_____	____/____/____
#5	_____	_____	_____	____/____/____

My # \_\_\_\_ child's special need is \_\_\_\_\_

My # \_\_\_\_ child's special need is \_\_\_\_\_

To the best of my knowledge the above information is accurate and correct and I have not omitted any information that would misrepresent my situation.

I am interested in becoming a Special Fathers Network volunteer help a new father with a special needs child(ren).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this completed form by e-mail to: [rsvp@21stCenturyDads.org](mailto:rsvp@21stCenturyDads.org) or by mail to:  
**21CD, Attn: SFN, 1515 S. Grove Avenue, #3667, Barrington, IL 60010**