

Son-Rise Program® Volunteer Application

Name _____

Address _____

Cell Phone _____ Work Phone _____

How did you hear about us? _____

How many months can you commit to our program? _____

Please list the times you will be available to volunteer:

Have you visited the ATCA website or read any books about The Son-Rise Program?

Why do you want to volunteer in our program?

Ideally, what would you like to gain for yourself by volunteering with us?

Please list the names and phone numbers of at least 3 personal references (not relatives):

1. _____ 2. _____

3. _____ 4. _____

Danniah's Son-Rise Journey

www.danniahsonrise.org

603-793-2114