

CHILDREN OF CHERNOBYL
United States Charitable Fund
APPLICATION TO HOST

NAME _____
ADDRESS _____
PHONE _____ CELL _____
PLACE OF EMPLOYMENT _____
EMPLOYMENT (SPOUSE) _____

Married w/children _____	Your Children:	Birthdate:
Married w/o children _____	_____	_____
Single w/children _____	_____	_____
Single w/o children _____	_____	_____

FAMILY INTERESTS _____

CURRENT MEMBERSHIPS _____

Three personal references (non-family members): Complete address and phone number:

1 _____
2 _____
3 _____

How did you hear about the Children of Chernobyl? _____

Do you know any current host family? _____ Their name: _____

Why do you want to host a child? _____

Mail to: Children of Chernobyl, P O Box 455, Campbell, Ohio 44405