



project sunshine

211 East 43rd Street, Suite 401, New York, NY 10017

Phone: (212) 354-8035 | Fax: (212) 354-8052

Email: college@projectsunshine.org | Website: www.projectsunshine.org

College Chapter Leader Application

Please provide the following information in order to petition for a Project Sunshine Chapter. Your application will be reviewed by the National Office.

EDUCATIONAL INSTITUTION INFORMATION		
Name of College &/Or University:		
Name of Campus:		
Mailing Address:		
City:	State:	Zip code:
CHAPTER PRESIDENT INFORMATION		
First Name:	Last Name:	
Date of Birth:	Gender Pronouns:	Currently Enrolled: <input type="checkbox"/> -Yes <input type="checkbox"/> -No
Major:	Minor:	
School Email Address:		
Do you plan to study abroad during the academic year? <input type="checkbox"/> -Yes <input type="checkbox"/> -Maybe <input type="checkbox"/> -No		
What is your expected date of graduation?		
RELATED VOLUNTEER OR WORK EXPERIENCE		
Organization Name:	From:	To:
Address:		
City:	State:	Zip code:
Telephone #:	Position:	
Briefly summarize your experience:		
PREVIOUS LEADERSHIP EXPERIENCE		
Organization Name:	From:	To:
Address:		
City:	State:	Zip code:



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Telephone #:		Position:	
Briefly summarize your experience:			
CRIMINAL HISTORY			
Do you have a criminal history? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		Do you consent to a background check? <input type="checkbox"/> -Yes <input type="checkbox"/> -No	
If you selected Yes, please explain below & include the Date, State, Original Charge(s), Final Charge(s), and Disposition of the incident			
CHAPTER VICE PRESIDENT INFORMATION			
First Name:		Last Name:	
Date of Birth:	Gender Pronouns:	Currently Enrolled: <input type="checkbox"/> -Yes <input type="checkbox"/> -No	
Major:		Minor:	
School Email Address:			
Do you plan to study abroad this academic year? <input type="checkbox"/> -Yes <input type="checkbox"/> -Maybe <input type="checkbox"/> -No			
What is your expected date of graduation?			
RELATED VOLUNTEER OR WORK EXPERIENCE			
Organization Name:		From:	To:
Address:			
City:	State:	Zip code:	
Telephone #:		Position:	
Briefly summarize your experience:			
PREVIOUS LEADERSHIP EXPERIENCE			
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City:	State:	Zip code:
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Briefly summarize your experience:		
CRIMINAL HISTORY		
Do you have a criminal history? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		Do you consent to a background check? <input type="checkbox"/> -Yes <input type="checkbox"/> -No
If you selected Yes, please explain below & include the Date, State, Original Charge(s), Final Charge(s), and Disposition of the incident		
CHAPTER LEADER QUESTIONS		
Please read and initial the following:	President	Vice President
I have read the Chapter Leader description and responsibilities as outlined in the Project Sunshine Guidelines for Chartering a College Chapter.		
I have institutional support for a Project Sunshine chapter.		
Please select how many hours per week you are willing to commit to start the chapter?		
<input type="checkbox"/> 1-5 Hours	<input type="checkbox"/> 5-10 Hours	<input type="checkbox"/> 10-15 Hours
<input type="checkbox"/> 15-20 Hours	<input type="checkbox"/> 20-25 Hours	
Please select when you would like to start your chapter? and Specify the year of your intended start		
<input type="checkbox"/> -Fall	<input type="checkbox"/> -Winter	<input type="checkbox"/> -Spring
<input type="checkbox"/> -Summer	Year:	
What inspired you to become a Project Sunshine Chapter Leader?		
As Chapter Leaders, describe how you would engage volunteer members in chapter programming.		
As Chapter Leaders, give an example of how you plan to involve parents, guardians, or other community members in your chapter programming.		



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Empty rectangular box for text input.

Consider the following scenario: As a chapter group, you oversee your volunteers at a facility during programming. You notice some volunteers are talking behind a client's back while a program is in session. As Chapter Leaders, how would you respond and react?

Empty rectangular box for text input.

PROSPECTIVE CHAPTER ADVISOR

Each chapter is required to have an Advisor who is a member of the faculty or has a professional designation within the university.

First Name:

Last Name:

Title:

Department:

Telephone #:

Mobile #:

School Email Address:

LOCAL PEDIATRIC MEDICAL FACILITY

If you are familiar with a local facility within a reasonable distance from your school, please share the facility information with us.

Name of Facility:

Address:

City:

State:

Zip code:

Website URL:

OPTIONAL

Point of Facility Contact Name:

Telephone #:

Mobile #:

Email Address:



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Additional Documents

Please attach the following to this application:

A. A current resume from Chapter Leaders (President & Vice President)

Email your typed and completed application with required documents to college@projectsunshine.org

- If saving/sending your completed application via email, please save all documents as Name of College/University-Your Name-Name of Document in example:
Project Sunshine College-Jane Doe-Chapter Leader Application

Once we receive your application, the College Volunteer Engagement team will contact you to confirm receipt of the application.

Thank You!