



Twilight Wish Foundation
 Celebrating seniors and making dreams come true.



P.O. Box 1042 Doylestown, PA 18901 ★ Toll Free 1-877-TWF-WISH (1-877-893-9474) ★ Phone 215-230-8777 ★ Fax 215-230-8770

TWF Chapter Application

Please fill in all of the information requested below and sign the form where indicated.

Then Fax or mail this application to:

Twilight Wish Foundation P.O. Box 1042 Doylestown, PA 18901 Fax 215-230-8770

A. Personal Information

Name: _____ Birth Date: _____

Street Address: _____ City: _____

Country: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email address: _____ Social Security Number: _____

B. References *(Please provide personal and professional references):*

1. Name: _____ Title: _____

Street Address: _____ City: _____

Country: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

2. Name: _____ Title: _____

Street Address: _____ City: _____

Country: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

TWF Chapter Application Form

F. Disclosure

Have you ever been convicted of or pled guilty to any crime(s): Yes No

If yes, describe each in full. Also indicate date(s) of crime(s) and in which county and state each took place.

G. Certification, Consent and Waiver

I declare that all of the information given by me in this application is true and complete to the best of my knowledge. I consent to the investigation and verification by TWF of all information given in this application to the extent deemed necessary by TWF, including searches of law enforcement and public records (including criminal background checks), contact with former employers and reference interviews. If accepted as a TWF chapter leader, I agree to abide by all TWF rules, regulations, policies and philosophies, and all decisions and directions of any officer or employee of TWF. I acknowledge that my participation in TWF activities may involve travel and/or, in certain circumstances, risk of physical injury. For myself, and on behalf of my heirs and assigns: (1) I willingly and voluntarily accept and assume all such risks of participation and (2) I release and discharge TWF and all persons and entities associated or affiliated with TWF from any and all claims, demands, costs, expenses, and compensation arising out of or in any way relating to my participation at TWF or while present at any TWF-sponsored event.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING, INCLUDING THAT I HAVE GIVEN UP CERTAIN RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE I AGREE TO INFORM TWF IN A TIMELY MANNER IF ANY INFORMATION IN THIS FORM CHANGES.

Signature _____

Print Name _____ Date _____

Fax or mail this application to:

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Disclaimer

Submission of an application does not guarantee approval. Chapter applications are reviewed and approved by the board on a quarterly basis to determine the geographic and demographic needs of the areas in a prioritized manner. The board meets six times annually. Resources will determine the timing of the development of the chapters. Once a determination is made, you will be contacted in writing by a member of TWF's executive staff which will describe the next step, if appropriate.