

21660 23 Mile Rd. Macomb, Mi 48044 Phone 877-245-5430

Benefit4Kids State Director Program

You are receiving this letter because we need your help and are already aware of your involvement and dedication to the outdoors. Please take a moment to read this in its entirety and decide if this may be something that would interest you.

Due to an increasing number of terminally ill and life-limited children contacting Benefi4Kids about our Outdoor Wish program our Board of Directors (BOD) has implemented a new State Director Program. State Directors will work directly with Benefit4Kids through the National Director of State Operations. The State Director program is designed with several areas of responsibility to be handled by the Director of each state or area of a particular state assigned to them. Those responsibilities include but are not limited to:

- As a representative of Benefit4Kids each Director will be expected to act in a professional manner at all times while representing Benefit4Kids.
- Bringing a better awareness of and promote our programs to each individual state or area by contacting professionals in the medical industries, developing relations with commercial contacts and bringing awareness to local sportsman's organizations and individuals.
- Each Director will be responsible for setting up at least one fund raising event for Benefit4Kids in their assigned area or in combination with another Director. There are many types of fundraisers that can be utilized however; any fundraiser will be required to have a plan submitted to the BOD or an events committee set up by the board. That plan needs to explain what type of event, when it would be, where it would be held, expected funds to be raised (we understand things don't always work as planned but we need an idea) and if any funds from Benefit4Kids would be needed to get the event up and running.

- Each Director will also be responsible for promoting and developing the Benefit4Kids Council of Hearts program in their area.
- Regular contact with Benefit4Kids through phone and e-mail will be necessary to make this program work and will be required from all Directors. All Contact should go through the Director of State Operations.
- Directors will be welcome at and encouraged to attend Benefit4Kids board meetings. Attendance however is not required.

This program is vital to Benefit4Kids to enable us to reach as many children as possible to make them aware of the programs available to them. It is also designed in the hopes it will increase our fundraising abilities so that we can continue to grant the Outdoor Wishes of any child who comes to us and to enable us to continue to support the many children's camps we now work with.

If you feel you have the time and dedication to help Benefit4Kids now and in the future to become the premier outdoor wish granting organization please consider joining us by filling out the form below and mailing it to the address at the bottom of the form. We realize that if you received this letter from us it is because you have already proven your drive and dedication to the outdoors. We also realize that there are only so many hours in the day and that not everyone can commit to this program. Please know that whether you decide to join Benefit4Kids as a State Director or not we appreciate all you do for the outdoor community.

State Director Application

Volunteer Application

Our volunteers serve a vital role in fulfilling the wishes of children. They assist in generating support through special fundraising events and raising public awareness. This is your chance to touch the hearts of many.

Simply fill out the Volunteer Application, and send it to the address below.

Name:			
Address:			
City:			
Home Phone:	State	Zip	

Business Phone:
Education / Training:
List Skills that may be of help:
Why are you interested in volunteering?
Prior Volunteer Experience?
Please list two references other than relatives with phone numbers :
1
2
Have you been arrested for a crime and / or incarcerated? If yes, please explain:
In case of emergency, please contact: Name: Relationship:
Address:
City: State: Zip:
Phone

I authorize Benefit4Kids to perform a background check for acquiring reference information and checking criminal background in my state of residence. I also certify that the above information is accurate and complete.

Signature Date:		
Office Use Only:		
Interview Date:		
Volunteer Activity:	 _	
Comments:		

Mail to: Benefit4Kids 21660 23 Mile Rd. Macomb Mi, 48044