



## Arkansas Martin Luther King, Jr. Commission DREAM KEEPERS APPLICATION

Application must be completed by the Dream Keeper member and submitted to the King Team Leader. Leaders return all application to the Martin Luther King, Jr. Commission, 501 Woodlane Drive, Suite 122, Little Rock, AR 72201

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Message: (\_\_\_\_) \_\_\_\_\_

School Name: \_\_\_\_\_

School Organizations: \_\_\_\_\_

**Special Skills, Interests, Hobbies:**

**Community Involvement: (List all community projects in which you are involved.)**

**On the lines below please briefly explain why you want to be on the Dream Keepers.**

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The above information is true and correct to the best of my knowledge. I understand that giving false information may cause me not to be eligible to serve on the Dream Keepers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Consent: (If Application is 18 or older, parents do not have to complete.) I have read the information is true and correct to the best of my knowledge and do hereby offer my consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_