



MODEL APPLICATION

Name: _____ **Date of birth:** _____

Age: _____ **Female** **Male** **Grade in school:** _____

Current address: _____



Clothing Size: _____

Shirt: _____

Pant: _____

Dress: _____

Hat: _____



Parent information

Parent/guardians Names:

Address: _____

Email: _____

Phone number: _____

Primary Language: _____

Type of cancer: _____ **Age at diagnosis:** _____

Currently in Treatment? _____

Hospital affiliation? _____ **Primary Oncologist?** _____

Any known Allergies? Latex? Food? _____

Comments or anything additional we should know: _____

Signature _____

Printed name _____ **date** _____

(please send completed application via email to info@lovehelpzkidz.org or PO BOX 11562 Pensacola FL 32514)





PERSONALITY QUESTIONNAIRE

Model name: _____

Your Favorite:

- **Color:** _____
- **Food:** _____
- **Sport:** _____
- **Movie:** _____
- **Princess:** _____
- **Superhero:** _____
- **Animal:** _____
- **Holiday:** _____
- **Song or type of music:** _____
- **Candy:** _____

Do you have any role models? _____

What is your best friends name? _____

What do you like to do for fun? _____

If you had one super power, what would it be and why? _____

Parents Signature _____

date: ____ / ____ / ____

your story is our journey.

