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Application form

Indoor Pollution Consultant

("A self-sufficient program")

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Native? \_\_\_\_\_ SSN# \_\_\_\_\_

The reason you are seeking this program? \_\_\_\_\_

Are you working? \_\_\_\_\_ What kind of job? \_\_\_\_\_

How long have you been on the job? \_\_\_\_\_ Years \_\_\_\_\_

Do you believe in God? \_\_\_\_\_ Who is your pastor? \_\_\_\_\_

Where is your church located? \_\_\_\_\_

Are you willing to be trained, how to clean-up Indoor Pollution? \_\_\_\_\_

You will get class room; and on the job training upon completion. You will receive a Certificate.

Then you can be your own Boss! Owning your own Business.

Application Certification:

I certify this application information is true, complete and accurate. I understand that any inaccurate information of a substantial nature provided as a part of this application will result in disqualification. If selected as a recipient, I grant permission for my information, name and/or picture to be used in press releases other media outlets identifying me as a recipient.

\_\_\_\_\_

Application Signature

\_\_\_\_\_

Date

<p><i>Office Use Only</i>  <i>Application Number</i></p> <p>_____</p>
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