

beingDAD

APPLICATION

Name: _____

Address: _____

Email: _____ Cell phone: _____

Age: _____ Occupation: _____

Do you currently have any children? If so, what are their ages? _____

Are you expecting the birth a child? _____ Due date: _____

Do you attend a local church? If so which one? _____

Contact in case of emergency: _____ Phone: _____

Relationship: _____

Best ways to contact you (please circle any that apply): Phone Text Email

Are there certain days or times that you are most available? _____

Why do you want to join the beingDAD program? _____

Are there any topics or issues that you would like your mentor to cover specifically? _____

Thank you for your interest in ZoeCare's beingDAD program. Please bring this completed form (or mail it) to ZoeCare's office. Once accepted into the program, a mentor will contact you to set up your first meeting. If you have any questions about ZoeCare's Fathers Initiative or beingDAD, please contact Mike Wheeler at (406) 586-9444 or mike@gotozoe.org.

Signature: _____

Date: _____