



a subsidiary of



# cdtc Sunflowers

Brightening the Lives of Children & Families

Thank you for your interest in becoming a member of the CDTC Sunflowers, the auxiliary volunteer group for the Children's Diagnostic & Treatment Center. Completing and returning this application is the first step; it will be followed by an orientation and facility tour.

Sunflower projects brighten the lives of our children and families. Please note that, as an outpatient healthcare facility, the Center has limited opportunities to participate directly with children or patients.

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

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

\_\_\_\_\_

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

Best Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Current Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Would you like to be added to our on-call list for donation pickups and quick turnaround projects? YES NO

What types of projects are you most interested in volunteering for?

- Special Events  Donation Drives / Collections  Food / Donation Pantry

**Membership Type:**

- Annual \$75  Contributing Annual \$100  Lifetime Membership \$1,500

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to:**

Children's Diagnostic & Treatment Center, Attn: Sarah Duke  
1401 South Federal Highway, Fort Lauderdale, FL 33316  
or [jyones@browardhealth.org](mailto:jyones@browardhealth.org)

**Or join online at [ChildrensDiagnostic.org/cdtc-sunflowers](http://ChildrensDiagnostic.org/cdtc-sunflowers)**

FOR OFFICE USE

Tour Date: \_\_\_\_\_ Orientation Date: \_\_\_\_\_  Confidentiality Statement  Broward Health Attestation  Photo Release