



To whom this concerns to:

At Apex Kiwanis Club, we've served the Apex community for over 30 years. If you do not know, Apex Kiwanis Club is a non-profit organization that does charity work to fund raise for the children in the Apex community. For an example, every 3rd grade student in Apex receives a dictionary that is donated by us. We also charter four different high school Key Clubs (Apex High, Apex Friendship, Thales Academy, and Green Hope High School). One member from each of these clubs receives a scholarship each year. We provide many volunteer hours for over 400 students. We are encouraging our Key Club students to get their parents involved.

Unfortunately, in order to have events throughout the year we have to have a specific student to adult ratio and our club is lacking the adult volunteers. Without adult volunteers, we can not put on events for the Key Club students. If you are interested in volunteering, please fill out the attached form or contact kiwanisapex@gmail.com.

On October 19, 2019, we are aiming to raise money for the Children's Educational Funds. This is our major fall event in which we will be having 110 students throughout this day. This event can not happen unless we can get enough adult help for these students. We need your help as an adult volunteer.

Please review the attached interest form. If you have any questions, please do not hesitate to contact me. We hope you can be a part of Apex Kiwanis Club in which we help "One child at a Time".

Sincerely,

Arianna Safon
Apex Kiwanis President Elect
kiwanisapex@gmail.com
Apexkiwanis.org



First and Last Name:

Name of Student:

High School Name:

Email:

Volunteering Type:

3rd Grade Dictionaries

Key Club Events

Kiwanis Fundraisers

Key Club Kiwanis Advisor

If you have any questions, please contact Arianna Safon at kiwanisapex@gmail.com

We thank you for volunteering your time to help our club and Key Club members out.

Thank you,

Arianna Safon

919-457-6592

kiwanisapex@gmail.com

Apexkiwanis.org



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

ROY COOPER
GOVERNOR

JAMES H. TROGDON, III
SECRETARY

Adopt-A-Highway Program

Youth Participation Release Form

As the parent/guardian of the minor child named below between the ages of twelve through seventeen, I hereby give permission for him/her to participate in one or more **Adopt-A-Highway** roadside cleanups. By my signature I release the Department of Transportation from any liability or responsibility for any injuries or damages he/she may cause or suffer as a result of participation in the **Adopt-A-Highway** program.

PARENT OR GUARDIAN SIGNATURE

PRINT NAME OF MINOR CHILD

ADDRESS

CITY

STATE

ZIP

TELEPHONE

DATE

Adopt-A-Highway	
COUNTY: _____	ORGID _____
GROUP NAME: _____	