



# KOLE WRIGHT

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## MEMORIAL FOUNDATION

### **Who are we?**

Our mission is to empower children in Wasatch County to believe in their own potential through connection, mentorship, and self-discovery.

### **Why are we doing this?**

The Kole Wright Memorial Foundation was created to honor and carry on Kole Wright's legacy of caring for others. Kole was 36 years old when he tragically took his own life on August 12, 2018. The Foundation formed to connect young people in the Heber Valley with mentors and role models. Young people struggling to fit in have a greater chance of succeeding if they feel connected and accepted—if they believe they belong. Humans who experience a sense of belonging are more likely to find support before it's too late.

Please fill out and email to [laurendel@kolewrightfoundation.org](mailto:laurendel@kolewrightfoundation.org) or drop off at 450 W 910 S Suite 102 Heber, Utah 84032

KOLEWRIGHTMEMORIALFOUNDATION

*A 501(c)(3) non-profit organization*

450 W 910 S, SUITE 102 | HEBER CITY, UT 84032 | (435)315-4288 | KOLEWRIGHT.ORG | EIN 83-1930414

**Confidential**

**Volunteer Application Form**

First/Middle/Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 7 years.

Address	City	State	Dates

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## Information Release

I, \_\_\_\_\_, understand it will be necessary for Kole Wright Memorial Foundation Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Kole Wright Memorial Foundation to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Kole Wright Memorial Foundation to conduct the same investigation of my background in previous states in which I have resided.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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## Interest Sheet

Please Circle All that Apply:

Activity	Time	Duration	Frequency
Blogging	Flexible	1 + hour	Monthly
Fundraising	TBD	4+ hours	Quarterly
Marketing	Flexible	1 hour	1/week
Outreach	Flexible	1 hour	1/week
Web Design: Wordpress with Elementor	Flexible	1 hour	1/month
Bus Driver: picking up for the program	Tuesdays 9am Wednesdays 10am	45 minute	2/week

**Any prior experience with the area that you are interested in?**