2025 Sunburst Cares
Adopt a Family Application

(Please print clearly) **DEADLINE OCTOBER 31, 2025**

Date of Application:_____

Parent Name: _____

Spouse Name:_____

Mailing Address:_____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone:_____ Cell Phone:_____

Work Phone:_____

Marital Status:_____

Language spoken at home:_____

How many children are in your legal custody (18 & under only_____

Please list all children in your legal custody **under** the age of 18:

Child's Name:_____Boy/Girl_____ Age:_____

Child's Name:_____Boy/Girl_____ Age:_____

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Child's Name:_____Boy/Girl_____ Age:_____

Child's Name:_____Boy/Girl_____ Age:_____

Please submit a letter stating your current situation

****APPLICATIONS OPEN TO EVERYONE BUT SUNBURST TRUCK LINES EMPLOYEES****