

SHIFT Application

“Shift Speaks Loudly!”

Fill out and send in or hand in your application.

Indicate which applies to you:

Student
 Displaced Worker
 Home bound
 Volunteer for Non Profit
 Special Needs
 Displaced Home maker

If no, indicate your special situation here:

Name: _____

Address: _____

Phones: _____

Pay it Forward

Do something for someone else
 Be kind to your family
 Clean up your neighborhood
 Pick up trash along a street regularly
 Help an elderly neighbor
 Be a good citizen
 Be honest and hard working
 Make a Difference
 Take pride in your home
 Smile
 Vote
 Volunteer
 Seek the Lord while He may be found.
 Pray every day

The George F. Johnson
 Dream Center
 for Community Empowerment

308 Main Street
 Johnson City, NY 13790
 Phone: 607-797-3938
 Fax: 607-797-4331
 E-mail: gfdreamcenter@hotmail.com or



A Ministry of Sarah Jane Johnson
Memorial United Methodist Church
 Hearts Up to God
 Hands Out to Others
 Healing In Jesus Christ

SHIFT



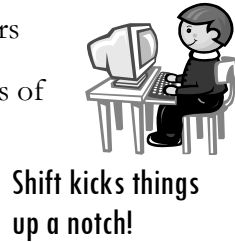
“SHIFT CHANGES THE WAY THINGS ARE”

What's Your Dream?
 Find Out at the Dream Center and In the
 Manner and Legacy of George F. Johnson,
 Make it a Reality and Change a Nation

The George F. Johnson
 Dream Center
 for Community Empowerment

Shift “Capitalizes” on Opportunity

- ◆ Shift is a non-profit program that gets computers into the hands of people who may not otherwise have the opportunity:
- ◆ Students who have struggled to go on to college.
- ◆ Displaced workers or home makers who need a computer to learn new skills.
- ◆ Senior Citizens or others who are house bound.
- ◆ Volunteers who work at home for Non-profit organizations.



Shift Needs:
Organizations to help us donate computers to others

Volunteers Used Computers

We accept working computers that support Windows XP or newer, and provide a tax receipt.



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cardin717@yahoo.com

SHIFT Application for Volunteers and Organizations

Volunteer _____
Organization _____

I WOULD LIKE TO BE INVOLVED IN:

- ___ DRIVER/DELIVERY
- ___ OFFICE OR GRANT WRITING
- ___ DISSEMINATION OF INFORMATION
- ___ REFURBISHING COMPUTERS
- ___ OTHER

Name: _____

Address: _____

Phones: _____

E-MAIL: _____
