



## Dancing with the Martin Stars Candidate Questionnaire



Thank you for your interest in Martin County Healthy Start's *Dancing with the Martin Stars!*

The event is our organization's signature fundraiser to help us fulfill our mission: to ensure that every baby in Martin County is born healthy.

Please complete this simple application form to provide us with information about your background and interests. We will use this information to help us evaluate our pool of potential stars.

Return your completed application to [dwms@mchealthystart.org](mailto:dwms@mchealthystart.org) by May 1, 2017.

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### GENERAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

Title (if any): \_\_\_\_\_

How long have you been with the organization? \_\_\_\_\_

Type of Business: \_\_\_\_\_ Retired: ( ) Yes ( ) No

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision or Community Name (if any): \_\_\_\_\_

Phone: (cell): \_\_\_\_\_ (w): \_\_\_\_\_ (h): \_\_\_\_\_

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

( ) Male ( ) Female Height: \_\_\_\_\_

Age: ( ) under 21  
( ) 21 – 35  
( ) 36 – 50  
( ) 51 – 65  
( ) over 65

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## COMMUNITY INVOLVEMENT

1. Are you currently involved with Martin County Healthy Start Coalition?

Yes  No  Previously

If yes (or previously), in what capacity? (please describe)

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2. Please list all non-profit organizations in which you have been involved in the last three (3) years, including type of involvement. Feel free to attach additional pages if desired.

**Organization Name**

*Example: ABC Center*

**Time Period**

*2002 – Present*

**Type of involvement**

*Board member and Gala Co-Chair*

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## DANCE EXPERIENCE

3. Have you had any previous dance experience?

Yes  No \*If No, skip to question #7

4. If so, how many years? \_\_\_\_\_

5. What style of dance? \_\_\_\_\_

6. If you have had previous dance experience, please check all that apply:

- Dance lessons (currently)
- Dance lessons (1-5 years ago)
- Dance lessons more than 5 years ago
- Dance recreationally 1 or more times per week
- Dance recreationally 1 or more times per month

**DANCE EXPERIENCE (continued)**

( ) Perform professionally (please describe) \_\_\_\_\_

\_\_\_\_\_

( ) Perform competitively (please describe) \_\_\_\_\_

\_\_\_\_\_

( ) Perform recreationally (please describe) \_\_\_\_\_

\_\_\_\_\_

7. If you had your choice, which dance style would you be interested in performing?  
Please check all that apply

- |                     |               |                 |
|---------------------|---------------|-----------------|
| ( ) Argentine tango | ( ) Jitterbug | ( ) Samba       |
| ( ) Ballroom        | ( ) Mambo     | ( ) Swing       |
| ( ) Calypso         | ( ) Merengue  | ( ) other _____ |
| ( ) Cha Cha         | ( ) Rumba     | ( ) other _____ |
| ( ) Charleston      | ( ) Salsa     |                 |

**Dancers who compete in Dancing with the Martin Stars are judged on a combination of their dance performance as well as their fundraising abilities. Please provide us with some additional information on these two elements.**

8. If selected, will you be able to commit to attending regular dance practices with an assigned professional dance partners (at a mutually agreed upon time) over a 5 month period from May to September 2016?

( ) Yes ( ) No

If no, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. What fundraising level do you expect you will be able to set as your goal and realistically be able to achieve?

- ( ) \$2,500 - \$4,999  
( ) \$5,000 - \$9,999  
( ) \$10,000 - \$14,999  
( ) \$15,000 - \$19,999  
( ) \$20,000 or more

Please explain briefly, why you believe this to be a realistic fundraising goal

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10. Why do you think you should be chosen as a Martin Star? Attach additional pages if necessary.  
(Here's where you really get to sell yourself. ☺)

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**Feel free to be creative by submitting photos, videos, testimonials,  
or other fun ways of telling us why you should be chosen.**

Remember to return your completed application either by scanning and emailing, faxing, regular postal mail or hand delivery by May 1, 2017.

Email:  
[dwms@mchealthystart.org](mailto:dwms@mchealthystart.org)

Fax: 772-463-2896

Mail or Hand Delivery to:  
*Dancing with the Martin Stars*  
*c/o Martin County Healthy Start Coalition*  
101 SE Central Parkway  
Stuart, FL 34994

Thank you for your interest.  
You will be hearing from us soon!