**APPLICATION FOR: Youth Leadership and Success Institute (YLSI) –Volunteer**

***FYI - Send application to Fax/ email listed below. Parents you have to complete 10 volunteer hours. Volunteers there is a background check or live scan that must be done. Cost $15***

**Date of Application: _____**

**Name: _____** **Phone #: _____**
**Last First**

**Email:_____**

**Address:_____**
**Street City Zip**

**Referral Source (How did you hear about us?)_____**

**Field of expertise: _____**

**My passion is: _____**

**My interests are: _____**

**I want to be a YLSI-Volunteer because: _____**

_____

_____

_____

_____

**Emergency Contact Information:**

_____ _____
**Parent/Guardian Name** **Contact number(s)**

_____ _____
**2nd Emergency Contact Name** **Contact number(s)**

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**888-373-6154 fax**
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