|  |
| --- |
| Y.E.S Application |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| Social Security Number |  |

## Support System

### Name and Contact Information for your supports

|  |  |
| --- | --- |
| Guardian: |  |
| Guardian Phone#: |  |
| Guardian Email: |  |
| Guardian Address: |  |
| Foster Case Manager: |  |
| FCM Phone #: |  |
| FCM Email: |  |
| FCM Address: |  |
| Annual Household Income:  | $ |

## Personal Statement

### Describe yourself in your own words:

|  |
| --- |
|  |

## Future

### Where do you see yourself in 5 years?

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in the YES program.