



Family/Youth Application for Federation of Families of Northeast Florida... Become a Team Member

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Home: _____ Cell: _____

Email: _____

What is your preferred way to contact you? Home Phone Cell Phone E-mail

Name of School or College for Youth Participation

Name: _____ Grade/Year: _____

List involvement in school (Clubs, Sports, Student Government, Mentor, etc.)

What form of team involvement would interest you now or in the future?

(Check all that apply)

Participate in Meetings_____

Participate in Committee Meetings_____

Co-Chair Committee Meetings_____

Attend Special Events_____

Assist Planning Events_____

Write articles for the Newsletter_____

Marketing the Federation of Families_____

Develop/Maintain the Website_____

Promote te team and projects to others in the community_____

Recruit Volunteers and Program Participants_____

Why do you want to serve as a Team Member?

