



Project Success Coalition
Promoting Community Engagement through
Art, Education & Health

Project Success Coalition & Harambee Tobacco & Health Network



Youth Leadership Council Membership Application

(Please print)

APPLICANTS' NAME:

_____/_____/_____
First MI Last

HOME PHONE: (____) _____ CELL PHONE: (____) _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN'S
NAME(s): _____

STREET ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

AGE _____ DATE OF BIRTH _____ GENDER _____

SCHOOL _____ GRADE _____

EMERGENCY CONTACT _____ PHONE (____) _____

PHOTOGRAPY RELEASE: We will be taking photographs to share on our website and highlight program activities. I, _____ (parent/guardian), hereby, give my permission for my son/daughter _____ photograph to be shared in conjunction with their participation on the Harambee Youth Council.

I. List ways you have had a positive influence on your peers:

Youth Programs: _____

School: _____

Community/Church: _____

Other: _____

Code of Conduct: As a member/participant with Harambee Youth Council, I agree to carry myself in a respectful manner at all times. I will refrain from bullying, use of tobacco and other drugs, and follow program guidelines.

_____ Date: _____
(Print Name)

(Signature)

Project Success is community based not-for-profit organization, providing services to youth and families continually since 1989.

“Sounding the Alarm & Sending the Call for a Tobacco-Free Community”