

*“Transforming our Nation and World one Youth at a Time.”*

**Youth Empowerment for Transformation (Y.E.T.)**

**Membership Application Form**

**Application Criteria:**
All volunteers:

* Must be at least 16 years of age.
* If under the age of 18, a parent or legal guardian must sign the consent below.
* Must produce a valid Police Character Reference (Police Record) not older than one month – original.
* Must provide two (2) character references not older than six months. One must be from a Teacher/Counselor or a Minister/Pastor – original.
* Must provide a copy of a valid government-issued photo ID (e.g., driver’s license or passport).
* Must provide a passport-sized photo.
* Must adhere to the Y.E.T. Member Rules and Regulations.

**Personal Information:**

1. **Full Name:**
First Name \_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_
2. **Address:**
Street \_\_\_\_\_\_\_\_\_\_\_\_ House # \_\_\_\_\_\_\_\_\_\_\_\_ Country/Island \_\_\_\_\_\_\_\_\_\_\_\_
3. **Telephone Contact (Home/Cell/Work):**
Home \_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_
4. **Email Address(es):**
5. **Marital Status:** (Please tick the appropriate circle.)
○ Single
○ Married
6. **Number of Dependents and Ages (if applicable):**
7. **Social Media Profile Name(s):**
	* LinkedIn: \_\_\_\_\_\_\_\_\_\_\_\_
	* Facebook: \_\_\_\_\_\_\_\_\_\_\_\_
	* Instagram: \_\_\_\_\_\_\_\_\_\_\_\_
	* Snapchat: \_\_\_\_\_\_\_\_\_\_\_\_
	* X (formerly Twitter): \_\_\_\_\_\_\_\_\_\_\_\_
	* TikTok: \_\_\_\_\_\_\_\_\_\_\_\_
	* YouTube: \_\_\_\_\_\_\_\_\_\_\_\_
	* Twitch: \_\_\_\_\_\_\_\_\_\_\_\_

**Employment Information (if applicable):**

1. **Employer’s Name:**
2. **Employer’s Address:**
3. **Direct Supervisor’s Name and Contact Details:**
Name \_\_\_\_\_\_\_\_\_\_\_\_ Work Number \_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_

**Education/Career:**

1. **High School and Grade (Graduation Year, if applicable):**
2. **College/University Degree Awarded and Year (if applicable):**
3. **Career Interest:**

**Memberships/Special Interests:**

1. **Special Interests/Hobbies:**
2. **Memberships/Affiliations:**

**Health Information:**

1. **Are you on any prescribed medication for heart disease, high blood pressure, and/or diabetes?**
If yes, please list:
2. **Do you have any physical and/or mental disabilities?**
If yes, please explain:
3. **Do you have any known allergies (food or otherwise)?**
If yes, please provide details:

**Personal Statement:**

1. **In the space provided, please describe yourself, including your strengths, weaknesses, achievements, ambitions, career interests, and your reasons for wanting to become a Y.E.T. volunteer:**

**Emergency Contact Information:**

1. **Full Name:**
First Name \_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_
2. **Address:**
Street \_\_\_\_\_\_\_\_\_\_\_\_ House # \_\_\_\_\_\_\_\_\_\_\_\_ Country/Island \_\_\_\_\_\_\_\_\_\_\_\_
3. **Telephone Contact (Home/Cell/Work):**
Home \_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_
4. **Relationship:**

**Declaration:**
I, \_\_\_\_\_\_\_\_\_\_\_\_, do hereby declare that the information provided herein is true and correct, and no information, whether partial or otherwise, has been fabricated to submit this application.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent (if applicable):**
This section must be completed and signed by the parent or guardian of all applicants under the age of 18.

**Parent/Guardian Information:**

1. **Full Name:**
First Name \_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_
2. **Address:**
Street \_\_\_\_\_\_\_\_\_\_\_\_ House # \_\_\_\_\_\_\_\_\_\_\_\_ Country/Island \_\_\_\_\_\_\_\_\_\_\_\_
3. **Telephone Contact (Home/Cell/Work):**
Home \_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_
4. **Email Address(es):**

I, \_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_, do hereby grant permission for him/her to become a volunteer of Youth Empowerment for Transformation (Y.E.T.). Further, I declare that the information provided in this application is true and correct, and no information, whether partial or otherwise, has been fabricated to submit this application.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_