



GENERAL INTEREST & COMMUNITY INTAKE

Programs, suggestions, mentors, volunteers, internships, and partnerships

GET INVOLVED

Use this form to express interest in a YEP activity, suggest a new program, or offer your time, skills, placement opportunity, or partnership. YEP will follow up as opportunities become available.

CONTACT INFORMATION

Full Name *

Organization / School (if applicable)

Age (if under 18)

Parent / Guardian Name (if under 18)

Phone *

Email *

Address / Neighborhood / ZIP

I am completing this form as a:

☐ Youth / Participant

☐ Parent / Guardian

☐ Mentor

☐ Volunteer

☐ Intern / Student

☐ Instructor / Facilitator

☐ Community Partner

☐ Sponsor / Business

PROGRAM INTERESTS

Activities of interest (check all that apply):

☐ Media & Storytelling

☐ Photography

☐ Video Production

☐ Podcasting / Audio

☐ Creative Arts

☐ STEAM / Technology

☐ Entrepreneurship

☐ Career Readiness

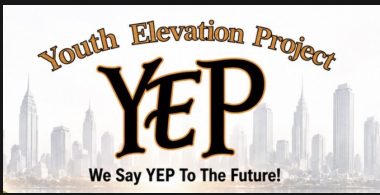
☐ CDL / Transportation

☐ Mentoring / Leadership

☐ Other

Which specific activity or program interests you most, and why?

Suggest a new activity, class, workshop, or training program for YEP:



GENERAL INTEREST & COMMUNITY INTAKE

Tell us how you would like to contribute

BUILD WITH YEP

MENTOR, VOLUNTEER, INTERNSHIP, OR PARTNERSHIP INTEREST

I would like to be considered for:

- | | |
|---|--|
| ☐ Mentor | ☐ Volunteer |
| ☐ Internship | ☐ Student Placement / Practicum |
| ☐ Guest Speaker | ☐ Workshop Leader |
| ☐ Instructor / Facilitator | ☐ Program Partner |
| ☐ Sponsor / Donor | ☐ Employment / Career Partner |

Relevant skills, experience, certifications, or resources you can offer:

What population, subject, or activity would you prefer to support?

General Availability

Preferred Start Timeframe

Best Days / Times

Preferred Contact Method

Links, portfolio, resume, social media, or professional profile (optional):

ACKNOWLEDGMENTS

Please check each applicable statement:

- ☐ I understand this is an interest form and does not guarantee placement.
- ☐ I agree to be contacted about YEP programs and opportunities.
- ☐ If working with minors, I am willing to complete required screening and clearances.
- ☐ I confirm that the information provided is accurate to the best of my knowledge.

Applicant Signature

Date

YEP Staff Use: Referred To / Follow-Up Date / Notes