

**YES PARTNERSHIP  
COUNCIL APPLICATION**

**Name:** \_\_\_\_\_

**Phone (Res.)** \_\_\_\_\_ **(Bus.)** \_\_\_\_\_ **(Fax)** \_\_\_\_\_

**(Cell)** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Res. address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Name/Address of Present Employer:** \_\_\_\_\_

\_\_\_\_\_

**Sector/Agency you will be representing:**

- Business Community    Civic and Volunteer Groups    Healthcare Professionals
- Law Enforcement Agencies    Media    Parents    Religious or Fraternal Organizations
- Schools    State, Local, Or Tribal Governmental Agencies    Youth-Serving Organizations
- Youth    Other Organizations Involved in Reducing Substance Abuse

**Briefly describe the qualifications you possess which would be an asset to the YES Partnership.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List the community organizations in which you have been involved and describe your participation.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have sufficient time to devote to this community partnership. I plan to attend the monthly general membership meetings (if unable to attend I will send a proxy on my behalf) and serve on at least one committee.*

*Data Research Committee*       *Education Committee*  
 *Executive Committee*       *Fundraising Committee*       *Media Committee*  
 *Mini Grants Committee*       *Youth Involvement Committee*

\_\_\_\_\_  
Signature of member / Date

\_\_\_\_\_  
Signature of Mother if Youth / Date

\_\_\_\_\_  
Signature of Father if Youth / Date

Complete this section, if applicable:

I am the Administrator/Director of the above Sector/Agency and give approval for:

\_\_\_\_\_ to represent \_\_\_\_\_ on the YES Partnership.  
Name Represented Agency

\_\_\_\_\_  
Represented Agency Chair/Director Signature/ Date

I designate \_\_\_\_\_ to act as an alternate in my absence.

Please return your application to:  
**YES Partnership**  
**Attn: Bob White**  
**427 N. Hwy. 49, Ste. 301**  
**Sonora, CA 95370**  
**533-1397 x226**

For questions, contact:  
**Dianne Aventi**  
**(209) 533-1397 ext. 270**  
**Email: [daventi@yahoo.com](mailto:daventi@yahoo.com)**

## Photo Authorization

We occasionally use photographs from our meetings and events to help promote the purpose of the YES Partnership. Your privacy is important to us.

Please check the box that applies to you:

- Yes, please use photos of myself in promoting of the YES Partnership.
- No, please respect our privacy and exclude any photos of myself.

Signature: \_\_\_\_\_

Parent's signature if under 18: \_\_\_\_\_