

**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.

