THE SAN PASQUAL ANTI-TOBACCO DISPARITIES PROJECT YOUTH COALITION

BECOME PART OF OUR FAMILY!

1. FILL THE APPLICATION ON THE SECOND PAGE OF THIS FLYER
2. DROP OFF FLYER TO THE HOUSING DEPARTMENT OR SEND PICTURES TO MIRIAMQUINTERO@SANPANSQUALTRIBE.ORG, OR DIANAM@SANPASQUALTRIBE.ORG
3. PLEASE BE AWARE YOU'LL BE CONTACTED WITHIN 14 BUSINESS DAYS BY MIRIAM QUINTERO, THE COMMUNITY ENGAGEMENT COORDINATOR.

HERE ARE SOME OF THE ROLES WE NEED TO FILL:
- DETERMINED PARTICIPANTS
- EAGER TO LEARN
- DETERMINED TO HELP
- PROGRAM ASSISTANTS
- GRAPHIC DESIGNERS
- PHOTOGRAPHERS
- GROUP FACILITATORS
- MENTORS AND TUTORS

ATTEND EVENTS, HAVE FIELD TRIPS, RECEIVE INCENTIVES

AGES 12-18
ONE HAS THE OPPORTUNITY TO RECEIVE UP TO $150 WORTH OF INCENTIVES

ONE YEAR AND A HALF COMMITMENT

DEADLINE: JANUARY 29TH, 2021
WE APPRECIATE EVERY HELPING HAND WE CAN GET!

YOUR TIME, EFFORT, AND PRESENCE AS A VOLUNTEER WILL MAKE A WORLD OF A DIFFERENCE IN YOUR COMMUNITY.

Name (Last Name, First Name):

Tribal Affiliation:

School/Grade:

Email:

Phone #:

☐ YES, you can text me
☐ YES, you can call me
☐ YES, you can email me

What interests you about joining the Youth Coalition group for The San Pasqual Anti-Tobacco Disparities Project?

What do you want to gain from this experience?

This program will require you to be available twice a month (approx. 1-2 hours) for meetings and group activities. Will you be able to dedicate that time to be a part of the San Pasqual Anti-Tobacco Disparities Project?

☐ Yes
☐ No

Do you have any scheduling conflicts or concerns?

For Applicants under the age of 18, please have a parent/legal guardian read and sign the lines below: I understand and give permission for my youth to apply for this program.

Relationship with applicant: ___________________________________________ Full Name(Guardian) ____________________________

Date Signed: ___________________________ Signature(Guardian) ___________________________