

# **HOPE for the Homeless**

**April 15th 10:00am - 1:00 pm**

**Leon County Community Room (918 Railroad Avenue) &  
a Trip to HOPE Community (transportation provided)**

## **Did You Know:**

That 35% of Tallahassee's homeless population is age 5 — 16?

Come hear first hand from a formerly homeless person how this affects people! We will also be taking donated toiletries to the HOPE Community Shelter and touring the facility.

## **Bring:**

Toiletries to be given to persons at The Shelter such as toilet paper, detergent, coffee, sugar, toothpaste/brush, shaving cream, razors and deodorant

**For more information or to register:**

Contact Amanda at 606-1970 or [phillipsa@leoncountyfl.gov](mailto:phillipsa@leoncountyfl.gov)

**Brought to you by Youth Corps Service Mentors!  
Ellyn Aidman, Monifa Suber, and Noemi LeFranc**

# VOLUNTEER LEON

## Youth Corps

918 Railroad Avenue, Tallahassee, Florida 32310

Phone: (850) 921-3015 Fax: (850) 413-9095

E-mail: [youthcorps@leoncountyfl.gov](mailto:youthcorps@leoncountyfl.gov)

Today's Date: \_\_\_\_\_

**Please Type or Print**

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

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Date of Birth (m/d/y): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Number: \_\_\_\_\_

Name of personal reference (ex. teacher, minister): \_\_\_\_\_

Number: \_\_\_\_\_

Are you in any clubs, service groups, etc.? If so, list them.

\_\_\_\_\_

\_\_\_\_\_

Do you hold any leadership positions? If so, list below.

\_\_\_\_\_

\_\_\_\_\_

Are you interested in taking a leadership position?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

Are you interested in the following? Place an "X" in the appropriate box.

Group Projects: \_\_\_\_\_

Individual Vol. Opportunities: \_\_\_\_\_

Both: \_\_\_\_\_

Check your areas of interests. Place an "X" by all that apply.

HIV/AIDS:	Intergenerational concerns:	Other:
Environment:	Prevention issues:	Other:
Animals:	Youth Corps Leadership Council:	Other:
Disaster Preparedness:	Volunteer in the office:	Other:
Disabilities:	Technology:	Other:
School Improvement:	Children:	Other:

By signing below, I verify that all information stated above is true to the best of my knowledge. I understand that all information on this form is voluntarily supplied and may be disclosed for volunteer purposes only. I grant permission for \_\_\_\_\_ to participate in VolunteerLEON Youth Corps. I authorize VolunteerLEON and its agents to use photograph(s) of \_\_\_\_\_ for the specific purpose of publications and promotion and hereby release and hold harmless VolunteerLEON or its agents from any liability.

Applicant's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_