



Young Men of Distinction

Youth Contact Information

Date: _____

Youth Name: _____

Parents/Guardian(s) _____

Address: _____

Phone: _____

Address: _____

Cell: _____

City ST ZIP: _____

Work: _____

Email: _____

Parental Approval

I consent to the participation of my child in the Young Men of Distinction Program.

Signature

Printed Name

Date

Volunteer Opportunities *For Parents/Guardians Use Only*

Leadership	Young Men of Distinction leadership and involvement.
Monthly	Time commitment of a couple of hours per month or per quarter, ability to communicate via email and telephone and may require some additional outside work.
Occasional	Time requirement varies with the event. Typically, the obligation is only for a short duration, i.e., a special event.

I am interested in (please mark all that apply):

Leadership _____ Committee Member _____ One Time Event _____

Volunteer time availability (please mark all that apply):

Daytime _____ Evenings _____ Weekends _____

Thank you for taking the time to complete this form.

Please return to: CAFCC
PO Box 551
Crystal River, FL 34423