

Mission

OUR VISION
To Build Partnerships and Develop
a Plan to Improve Delivery of
Service to Youth and their Families



Together

In Partnership



APPLICATION FOR THE

Together In Partnership

YOUTH SUBCOMMITTEE

Together In Partnership (TIP) wants to know what issues are important to Brevard's teens and what we can do to help. Every Brevard County resident has a stake in making our community a safer place to live. We need the youth of Brevard County to assist us. Please join our subcommittee run by youth for youth. As a member, along with your peers, you determine what Brevard County teens need and give it to them. Your subcommittee can run campaigns against drugs, alcohol, or crime. You can develop ways to encourage your peers to attend school regularly. YOU decide what it is that your community needs to do for YOU and YOU help make it happen!

As a member, you will work alongside participants from:

- Business and Industries
- Neighborhood and Community Based Organizations
- Civic Organizations
- County and Municipal Government Agencies
- State and Federal Government Agencies
- Faith Based Organizations and Churches
- Youth (Groups)
- Schools
- Parents

Note: For additional information please contact Marilyn Fashano at 321-633-1000 X756.

If you are in the 10th and 11th grades and would like to join, please fill out the following application and attach a one-page essay on what you feel are the destructive decisions facing youth in your community and how you want to help. Please mail your application and essay to *Together in Partnership*, Attn:

Sheree Stebbins, 2725 Judge Fran Jamieson Way, Bldg. B - 103, Viera, FL 32940. Please return by 4PM on March 5, 2004.

Note: This is a one-year commitment to your community and your peers.

YOU Complete the Puzzle!



APPLICATION FOR THE **Together in Partnership** YOUTH SUBCOMMITTEE

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____ AGE: _____

SCHOOL: _____ GRADE: _____

LIST ANY EXTRACURRICULAR ACTIVITIES OR HOBBIES:

LIST ANY PREVIOUS VOLUNTEER WORK OR EXPERIENCE:

WILL YOU HAVE TRANSPORTATION: _____ WHAT TYPE: _____

PARENT/GUARDIAN NAME: _____

PARENT PHONE NUMBER: _____

YOUTH SIGNATURE: _____

PARENT SIGNATURE: _____

YOU Make the Difference

