

Tomorrow's Leader's Youth  
Foundation

**Volunteer Application**

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

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Age: \_\_\_\_\_ Sex: M F (circle one) T-Shirt Size: \_\_\_\_\_

What is our availability? (Please list below)

\_\_\_\_\_

Do you have any previous volunteer experience with a non-profit organization? Yes No

List the non-profit (s) you work for:

\_\_\_\_\_

\_\_\_\_\_

Strengths:

\_\_\_\_\_

\_\_\_\_\_

List your Interest:

\_\_\_\_\_

\_\_\_\_\_

**Please select a committee that may interest you: (check all that apply)**

\_\_\_ Bowling Event

\_\_\_ Community Outreach

\_\_\_ Grants & Scholarships

\_\_\_ Sponsorships

\_\_\_ Tutoring

\_\_\_ Tournaments

**Tomorrow's Leader's Youth Foundation**

Emanuel Walker II –Founder/CEO

863 Flat Shoals Rd Suite C 183, Conyers, GA 30094

(678) 923-7187

[www.tomorrowleadersyouthfoundation.org](http://www.tomorrowleadersyouthfoundation.org)

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**Emergency Contact Information**

**Emergency Primary Contact:**

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

Primary Pho Number: \_\_\_\_\_ Cell Pho Number: \_\_\_\_\_

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

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

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

**Emergency Secondary Contact:**

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

Primary Pho Number: \_\_\_\_\_ Cell Pho Number: \_\_\_\_\_

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

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

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

Are you taking any physician prescribed drugs on an ongoing basis? Yes No Please list all ongoing illnesses for which your taking prescribed medicines:

If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

List all allergies: \_\_\_\_\_

\_\_\_\_\_

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