



RESIST
Fighting the influence of Big Tobacco.

TOBACCO FREE WICHITA

RESIST CHAPTER MEMBER APPLICATION

YOUTH VOLUNTEER INFORMATION

FULL NAME: AGE: GRADE:

SCHOOL/ORGANIZATION:

EMAIL: PHONE NUMBER:

PARENT/GUARDIAN INFORMATION (for routine updates and emergencies only)

FULL NAME: EMAIL:

PHONE NUMBER: ALTERNATE PHONE NUMBER:

IN A FEW SENTENCES, PLEASE EXPLAIN WHY YOU WOULD LIKE TO JOIN OUR RESIST CHAPTER:

* _____ would like to join the TFW RESIST Chapter and participate in related activities for the 2018-2019 school year.*
(youth first name)

YOUTH VOLUNTEER SIGNATURE: DATE:

PARENT/GUARDIAN SIGNATURE: DATE:



Return the completed forms to Elena Devora, Youth Coordinator by:

1. Text: Snap a clear photo of the completed form and send it to: (620) 655-1822
2. Email: Send a clear photo or a scanned copy of the completed form to edevora@kafponline.org
3. Mail: Tobacco Free Wichita Coalition | 7570 W. 21st St. N, 1026-C #104 | Wichita, KS 67205
4. Fax: (316) 721-9044

For questions, please call (316) 425-5607