



Investing in Youth Today, Improving Conditions Tomorrow

Youth Activity Directory Submission Form

Organization Name: _____

Contact person / title: _____

Address: _____

Email for publication: _____

Website: _____

Organization Phone/Fax Numbers: _____

Where should this program be listed? Choose one. Family Support Life Skills Year round
 Leadership/Volunteer (opportunities for youth) Mentoring (where a youth can find a mentor)
 School Year Summer Special Needs Summer Other

Basic description of service/program offered (use separate sheet for **EACH** service/program):

Ages Served: _____

Is your program gender specific? Yes No

If so, is your organization for: Males Females

Geographic area served **IF** applicable (zip code / side of town / some kind of identifier):

Hours of service/program operation: _____

Fees? _____

Are additional languages offered? If so, what are they? _____

Handicap accessible: Yes No

Does your organization hire youth? Yes No

If so, at what age? _____

Is your program on a bus line? Yes No

If so, at what is the number? _____