THE SAN PASQUAL ANTI- TOBACCO DISPARITIES PROJECT YOUTH COALITION

BECOME PART OF OUR FAMILY!

1.FILL THE APPLICATION ON THE SECOND PAGE OF THIS FLYER
2. DROP OFF FLYER TO THE HOUSING DEPARTMENT OR SEND PICTURES TO MIRIAMQUINTERO@SANPANSQUALTRIBE.ORG, OR DIANAM@SANPASQUALTRIBE.ORG
3. PLEASE BE AWARE YOU'LL BE CONTACTED WITHIN 14 BUSINESS DAYS BY MIRIAM QUINTERO, THE COMMUNITY ENGAGEMENT COORDINATOR.





DEADLINE: JANUARY 29TH, 2021

DIANA MARTINEZ, PROJECT
DIRECTOR and COMMUNITY
ENGAGEMENT COORDINATOR,
MIRIAM QUINTERO

FIELD TRIPS,
RECIEVE INCENTIVES

AGES 12-18

ONE HAS THE OPPORTUNITY
TO RECIEVE UP TO \$150
WORTH OFINCENTIVES

ONE YEAR AND A HALF
COMMITMENT

HERE ARE SOME OF THE ROLES WE NEED TO FILL:

-DETERMINED
PARTICIPANTS
-EAGER TO LEARN
-DETERMINED TO HELP
- PROGRAM
ASSISTANTS
- GRAPHIC DESIGNERS
- PHOTOGRAPHERS
- GROUP
FACILITATORS

MENTORS AND

TUTORS

RETURN THIS PAGE ONLY

RETURN THIS PAGE ONLY		LY	San Pasqual Anti-Tobacco
Name (Last Name, First Name):			A STATE OF THE STA
Tribal Affiliation:			
School/Grade:			Oisparities Project
WE APPRECIATE EVERY HELPI			RECIATE EVERY HELPING
Phone #:		HAND WE CAN GET!	
YES, y	ou can text me	YOUR TIME, EFFORT, AND PRESENCE AS A VOLUNTEER WILL	
YES, y	ou can call me	MAKE A WORLD OF A DIFFERENCE IN YOUR COMMUNITY.	
YES, you can email me			
	sts you about joining the Youth o Disparities Project?	Coalition gro	up for The San Pasqual
What do you want to gain from this expierence?			
meetings an	n will require you to be available d group activities. Will you be a Anti- Tobacco Disparities Projec	ole to dedicat	
Yes			
No California Departmen			California Department of
Do you have any scheduling conflicts or concerns? California Department of PublicHealth			
	its under the age of 18, please h I understand and give permissi		
IPAI	Relationship with applicant:	_	Full Name(Guardian)
	Date Signed:	_	Signature(Guardian)