

Community and Faith-Based Agency/School Interest Form

Organization Information:

- **Name of Organization:** _____
- **Contact Person:** _____
- **Position/Title:** _____
- **Phone Number:** _____
- **Email Address:** _____

Training and Mentoring Interest:

- **Type of Service (select all that apply):**
 - Heritage Keepers SRAE Curriculum Training (as little as 4 weeks up to 10 weeks)
 - Mentoring Services

Youth Participant Information:

- **Number of Participants (ages 12-19):** _____

Preferred Training Schedule:

- **Days of the Week (select all that apply):**
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Saturday
 - Sunday
- **Preferred Times:**
 - Morning
 - Afternoon

Evening

- Preferred Dates: _____

Additional Comments or Requirements:

Please complete and return this form to tlamb@tampahope.org, dreed@tampahope.org, or info@tampahope.org. For more information, contact us at the provided email addresses or phone at (813) 620-4029. We look forward to partnering with you to support the youth in our community.