

Access for Young Women (AFYW)
Leadership Program 2017-2018
New Member Application



Name: _____

Home Address: _____

Contact Number: _____

Email Address: _____

Parent/Guardian name: _____

Parent/Guardian Contact Numbers: _____

DOB: _____ Age _____

School Name: _____ Grade in school (circle one) 6 7 8 9 10 11 12

Circle your choice: Tuesdays (ages 16-18) Thursdays (ages 14-15) Fridays (ages 11-13)
(11th & 12th graders) (9th & 10th graders) (6th -8th graders)

Please complete the following questions so we can learn more about YOU!

My three biggest strengths are: _____

My three biggest weaknesses are: _____

Do you think of yourself as a leader? Please explain why or why not.

What do you think are the biggest issues that are affecting young women today? _____

Please return this application to Tabitha Gamonski, Director, AFYW. Fax 718-592-2933 or via email tgamonski@qchnyc.org

Applications can also be dropped off at Queens Community House 108-25 62nd Drive Forest Hills, Queens NY 11385