



## APPLICATION FORM

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_

Coordinator Name(s): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Alternate Coordinator: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

STREET PREFERRED FOR ADOPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate number of participants: \_\_\_\_\_

Are any participants in the age group of 12-17 years? \_\_\_\_\_

If YES, approximately how many? \_\_\_\_\_

When would the organization be prepared to begin participating in the program?

2 weeks \_\_\_\_\_ 3 weeks \_\_\_\_\_ 4 weeks \_\_\_\_\_ Unsure \_\_\_\_\_