



Application for NEW YMOD

Membership 2025

Student Name: (First and Last)

Parent/Guardian

Name(s): _____

Student Birthdate: _____ School: _____

Current Year/Grade in School: _____

Address:

City, State: _____ Zip: _____

Student Phone: _____

Student Email: _____ (Please do not use school email)

Parent(s) Phone:

Parent(s) Email:

List charities and social groups you currently are involved

in _____

T-Shirt and Polo size: _____

Please consider-Do you have the personal time needed to complete the program? _____

Please answer all of the below questions on separate paper and turn in with this application along with your **ONE letter of recommendation for admission** (preferably from a teacher or counselor):

1) If you had a choice between two superpowers, being invisible or flying, which would you choose? Why did you choose that superpower?

2) What are 5 goals you have for yourself?

3) What is a community need that you see and how would you address it? (does not have to pertain to the cancer community)

Please submit completed application, liability forms, patronage fee, essay questions, recommendation letter & a recent photo NO LATER than 5pm on February 15, 2025 to the address below. ALL applicants may be subject to an interview. Applications reviewed on a first come, first serve basis

I, _____, hereby grant and authorize Our Promise Cancer Resources the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures of video take of me by Our Promise to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of Our Promise Cancer Resources and will not be returned. I hereby hold harmless, and release Our Promise Cancer Resources from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate while volunteering.

Signature: _____ Date _____

Parent Signature: _____

Date: _____

There is a \$250 Patronage fee associated with this program. Please make CHECKS payable to OUR PROMISE CANCER RESOURCES in the amount of \$250.00. Patronage Fee associated with this program. You will be notified of acceptance no later than March 1, 2025. Scholarships may be available to students who demonstrate financial need.

Limited spots available. Applications will be reviewed on a first come, first serve basis.

**Mrs. Jon Jon Hollis
430 Restful Ridge Road
Hot Springs, AR 71913**