



Chapter Application

INSTRUCTIONS: Thanks for your interest in starting an Urban Life Training Chapter! Please return this completed application and required attachments along with the signature sheet from your Urban Life Training Chapter Agreement to: Urban Life Training, 202 Cub Run Lane, Harpers Ferry WV 25425 or scan signature pages and email forms to info2@urbanlifetraining.org. Include a check for \$100 for the first year's Chapter fee made out to "Urban Life Training", or donate online at urbanlifetraining.org.

A. General Information

Name _____ Date _____ Date of Birth _____

Address: _____ Drivers License # _____
_____ Social Security # _____

City _____ State: _____ Zip Code: _____

Home Phone _____ Work Phone _____

Fax Number _____ Cell Phone _____

Best time to call _____ Email _____

Which phone number will be your primary Urban Life Training contact number? _____

Photograph & Driver's License: *Please attach a recent photo of yourself AND a copy of your driver's license for our files. These may also be emailed to info@urbanlifetraining.org*

B. Local Urban Life Training Team

Please find at least 2 people to assist you. These can include your spouse, other family members and friends.

Please list at least two team members who have agreed to help you below.

Name Phone

- 1.
- 2.

C. References

Included with this application are personal reference forms to be given to three people to complete and return directly to Urban Life Training. Two of these must be people who are not related to you or your team members. We recommend using references that are familiar with your spiritual, professional and personal character such as your employer, neighbors, minister, etc. Please list the references that you have given the forms to below.

Name Phone Address

- 1.
- 2.

3.

D. General Information

1. How did you learn about the Urban Life Training program?

2. Please list any previous abstinence education, community service, mentoring or other relevant experience

3. Why do you feel motivated to begin Urban Life Training in your area?

4. What geographic area will the local Urban Life Training Chapter serve initially?

5. What would you suggest as a name for the local Urban Life Training Chapter? Examples are “Northwest Urban Life Training Chapter”, “Washington State Urban Life Training Chapter”, or “Camp Springs Chapter”.

6. Please list your hobbies and interests as well as other organizations, clubs or religious groups that you are part of below.

7. Do you have a computer? **CIRCLE ONE: YES NO**

8. Do you have access to the Internet? **CIRCLE ONE: YES NO**

E. Signature

I hereby certify that the information provided in this application is complete and accurate to the best of my knowledge.

Signature _____ Date _____