



Chapter Application for Organizations

INSTRUCTIONS: Thanks for your interest in starting an ULTRA Teen Choice Chapter!
Please return this completed application along with the signature sheet from your ULTRA Teen Choice Chapter Director's Agreement to: ULTRA Teen Choice, PO Box 48608, Washington, DC 20002

A. Organization Information

Organization Name _____ Date _____

Address: _____

Address 2 _____

City _____ State: ____ Zip Code: _____

Phone _____ Alternate Phone _____

Fax Number _____

B. Main Contact Person 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 ULTRA Teen Choice contact number? _____

B. Organization ULTRA Teen Choice Team Please find at least 2 people in your organization to assist you.

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

| Name | Phone |
|------|-------|
|------|-------|

- 1.
- 2.

11. Would you be willing to participate in a quarterly evaluation of your Chapter by completing an evaluation form and participating in at least four site visits (January 1, April 1, July 1 and October 1)? The evaluations and site visits will help us better serve you and the community.

12. If selected by Servants Without Borders for financial assistance, you will be required to participate in an one day training, complete at least four evaluations, participate in four site visits, keep accurate records of the students' participation and involvement in the chapter and successfully operate a Chapter for at least one year. Please identify any problems you may have with complying with these terms?

13. Please tell Servants Without Borders in a 100 words or less why you should be selected for financial assistance to start up your Chapter.

E. Signature

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

Signature _____ **Date** _____