

Morgan Williams Youth Advocate Program Inc.



*Let us live! We are the
next generation!*

Pastor Ernest Flagler-
Mitchell

W.O.T.C., The Way
Ministries

Founder: TySean S.
Williams/Lawrence Morgan

CEO: Shuane Williams

President: Tiffany Sinclair

PARENT INFORMATION		
Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent <i>(Please circle) n/a</i>		How long?
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
CHILD INFORMATION		
Name:		Address:
Date of birth:	SSN:	Phone:
OTHER PARENT OR ABSENT PARENT		
Name:		
Date of Birth:		How long?
Current Address:	E-mail:	Fax:
City:	State:	ZIP Code:
Own Rent n/a	Employed:	Annual income:
REFERENCES		
Name	Address	Phone
OTHER CHILDREN		
Name	Name	
Name	Name	
SIGNATURES		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Signature of applicant:		Date:
Signature of spouse <i>(only if for a joint membership):</i>		Date: