

Youth Advocacy Coalition: Referral for Youth Services

Thank you for using the Youth Advocacy Coalition (YAC) referral form. Fill out the form and let us know what you, your child (ren) or organization needs and we will refer you to the related contacts/agencies. Turn your form in to Jazelle Thomas by email, fax or in-person (contact information is listed at the bottom of the page).

ORGANIZATION INFORMATION:

Organization Name: _____

Phone: _____ Fax: _____

Business Address: _____

City: _____ ZIP: _____ Business Hours: _____

Agency Type: Government Religious Volunteer Profit Private, Non-Profit
 Public, Non-Profit Other (please specify): _____

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CONTACT PERSON INFORMATION:

Last Name: _____ First Name: _____

Title: _____ Phone: _____

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WHAT REQUEST DO YOU NEED?

Request Needed: _____

Reason for Request: _____

Request Type: Agency to Agency Youth Volunteers Youth Mentors Mentor for Youth
 Other (please specify): _____

Person Completing the Form: _____ Date: _____

YAC Coordinator

City of Wichita-VISTA Worker Jazelle Thomas

Phone: 316-303-8057 | Email: jathomas@wichita.gov | Fax: 316-858-7737

Address: Atwater Neighborhood Resource Center, 2755 E. 19th St. N., Wichita, KS 67214