

Service Project Request

Home Owner Information

Name:	
Address:	Phone:
City:	State: Zip:
Household Income	
Gross Monthly Income: \$	(salary, wages, tips, commissions, etc.)
All Other Assistance \$	(alimony, child support, SSI, etc.)
Number of dependant childre	en in family
Are you financially able to p	urchase materials for your requested project? Yes NoNot Applicable
If "No" above, are you able t	o contribute to your requested project? Yes No Amount: \$
Requested Project	lease give a brief description of your need below:
By completing this application, YSOA, being fully aware that la	I am requesting assistance from YSOA. In consideration for receiving assistance from bor will be provided by youth under close adult supervision, including but not limited to the nal injury, death, or loss of or damage to personal property. I do knowingly and willingly

release and hold harmless YSOA and its officers, agents, sponsors, volunteers, and employees and all persons associated in any way with YSOA from any claims, causes of action or liability for property damage and/or physical injury or death in connection with or during any YSOA activity. This release is made on behalf of myself and my heirs, representatives, executors, administrators and assigns. Award of assistance is at the sole discretion of YSOA. Any award of assistance does not include warranty of any kind, express or implied. By signing this document, I agree that if I or my residents are hurt or property is damaged during YSOA activities, I waive my right to bring or maintain a lawsuit or claim against YSOA. I certify that the information above is true to the best of my knowledge and that all sources of income are reported above.

Home Owner Signature: _____ Date: _____