

# Youth World Education Project (YWEP) Affiliate Application Form

*Empowering Youth Through Positive Development & Leadership*

Thank you for your interest in becoming an affiliate of **Youth World Education Project (YWEP)** to implement our evidence-based positive youth development programs. Please complete this form to help us assess your organization's alignment with our mission, capacity for implementation, and potential impact on youth.

## **Section 1: Organization Information**

**Organization Name:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Social Media Handles:** \_\_\_\_\_

**Year Founded:** \_\_\_\_\_

**Organization Type:**

- Nonprofit (501c3)
- For-Profit
- Government Agency
- Faith-Based Organization
- School/Educational Institution
- Other (please specify): \_\_\_\_\_

**Primary Contact Person:**

- Name: \_\_\_\_\_
- Title/Role: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

## **Section 2: Mission & Program Alignment**

1. **Briefly describe your organization's mission and how it aligns with YWEP's focus on positive youth development, leadership enrichment, closing the achievement gap, etc.**
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2. **What age group(s) do you currently serve?** (Check all that apply)
  - 5–11 years
  - 12–15 years
  - 16–19 years
  - 20+ years
3. **Which YWEP program(s) are you interested in implementing?**
  - Raise Up** (All males)
  - R.I.S.E.** (All females)
  - SOAR** (Open to All)
  - Teen Self-Love Conference** (Annual Mental Wellness & Empowerment Event)
4. **How many youth do you anticipate serving annually through this partnership?**
  - 25–50
  - 51–100
  - 101–250
  - 251+

### **Section 3: Organizational Capacity & Readiness**

5. **Does your organization have experience implementing structured youth development programs?**
  - Yes
  - No

If yes, briefly describe your experience:

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6. **Do you currently have trained facilitators or youth mentors available to deliver the program?**
  - Yes
  - No, but we are willing to have staff/volunteers trained
7. **What facilities do you have available for program sessions?**
  - School/Classroom
  - Community Center
  - Church/Faith-Based Venue

Online/Virtual

Other: \_\_\_\_\_

8. **What additional resources or support do you need to successfully implement the program?**

Training for staff/facilitators

Program curriculum & materials

Community partnerships

Other (please specify): \_\_\_\_\_

## **Section 4: Commitment & Expectations**

9. **Can your organization commit to:**

- Implementing the program with fidelity?
- Providing impact data and success stories?
- Aligning with YWEP's core values and best practices?

Yes, we are fully committed

We need more information before committing

10. **How do you envision this partnership benefiting your organization and the youth you serve?**

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## **Section 5: Authorization & Submission**

By signing below, I confirm that the information provided is accurate and that our organization is interested in becoming an official **YWEP Affiliate** to implement evidence-based positive youth development programs.

**Authorized Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **Next Steps:**

A YWEP representative will review your application within **7-10 business days**.

If approved, we will schedule a **partnership call** to discuss fees, implementation, training,

and next steps.

✅ Upon acceptance, you will receive an **Affiliate Agreement & Orientation Package**.

✉ **Submit this form to:** [Partner@youthwep.org](mailto:Partner@youthwep.org)  
For questions, contact us at **[info@youthwep.org](mailto:info@youthwep.org)**.

We look forward to the possibility of working together to empower youth worldwide! 🌍 ✨