



## Opportunities to Participate Caregiving Youth Project of Pinellas

I would like to participate in the Caregiving Youth Project of Pinellas (CYPP):

Name: \_\_\_\_\_ School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone(s): \_\_\_\_\_  
(Work) (Fax) (Cell)

**Area(s) of Interest** *(Please check all that apply)*

- Use my talents, wisdom and resources on the CYPP Action Council
- Assist with public and/or professional information development & presentations
- Create materials (flyers, articles, educational)
- Help with fund-raising
- Participate in sponsored activities with caregiving youth
- Respond to caregiving families
- Review/develop/update website information and resources
- Volunteer with delivery of direct services such as respite
- Assist with research
- I will share information about CYPP with \_\_\_\_\_
- Please keep me informed of all projects relating to CYPP via email  
Email address: \_\_\_\_\_
- Contribute to the financial development of the Caregiving Youth Project of Pinellas
- Become a Benefactor Sponsor of the Caregiving Youth Project of Pinellas (\$5000)

**Jeni Coticchio, Executive Director**  
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