



LITTLE APPLICATION

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YOUTH INFORMATION

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PARENT/GUARDIAN INFORMATION

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MEDICAL INFO & YOUTH NEEDS

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PARENT/GUARDIAN AGREEMENT

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RECORDS RELEASES

PLEASE SELECT THE PROGRAM(S) IN WHICH YOU ARE INTERESTED IN HAVING YOUR CHILD ENROLLED:

MENTORING PROGRAM

- COMMUNITY-BASED
 SCHOOL TO WORK
 BIGS IN SCHOOLS
 GROUP ENGAGEMENT AND MENTORING (GEM)

YOUTH INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME ADDRESS

Street

Street (Line 2)

City <input type="text"/>	State/Province <input type="text"/>	Zip/Postal <input type="text"/>
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HOME PHONE

CELL PHONE

optional

AUTHORIZATION TO TEXT YOUTH?

- YES
 NO

EMAIL	DATE OF BIRTH	AGE
<input type="text"/>	<input type="text"/>	<input type="text"/>

MM/DD/YYYY

SCHOOL	GRADE	STUDENT ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

Required

FREE/REDUCED LUNCH

- YES
 NO

PRIMARY LANGUAGE SPOKEN AT HOME

- ENGLISH
 SPANISH
 CREOLE
 OTHER

HAS YOUTH HAD ANY PRIOR INVOLVEMENT WITH THE JUVENILE JUSTICE SYSTEM?

- YES
 NO

IS THERE AN HISTORY OF OR CURRENT JAIL TIME FOR PARENT/GUARDIAN OR SIBLING?

- YES
 NO

MILITARY SERVICE: DOES THIS YOUTH HAVE A PARENT(S) CURRENTLY ENROLLED IN OR RETIRED FROM THE US MILITARY?

- YES
 NO

GENDER ON ORIGINAL BIRTH CERTIFICATE?

- MALE
 FEMALE

GENDER YOUTH DESCRIBES SELF AS?

- MALE
 FEMALE
 TRANSGENDER
 PREFER NOT TO ANSWER
 OTHER

ORIENTATION YOUTH DESCRIBES SELF AS?

- HETEROSEXUAL
 HOMOSEXUAL
 BISEXUAL
 OTHER

ETHNICITY/NATIONALITY

- AMERICAN INDIAN/ALASKA NATIVE
 ASIAN
 BLACK (NON-HISPANIC)
 HISPANIC
 NATIVE AMERICAN
 NATIVE HAWAIIAN/PACIFIC ISLANDER
 WHITE (NON-HISPANIC)
 MULTI-RACIAL
 OTHER

EMERGENCY CONTACT

NAME	RELATIONSHIP TO YOUTH?
<input type="text"/>	<input type="text"/>

PHONE	EMAIL
<input type="text"/>	<input type="text"/>

Next

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STAY IN TOUCH

ENTER YOUR EMAIL ADDRESS

Submit

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Contact

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Organization

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