Received by: \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

# of copies made \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidentiality: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. The falsifying of any information may disqualify you from receiving any of our services.

**PARTICIPANT’S INFORMATION**:

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: \_\_\_ Male \_\_\_ Female **Nick Name**: \_\_\_\_\_\_\_\_\_\_\_\_

 First M Last

**Birthdate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ **Ethnicity**: \_\_\_Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_White \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus# \_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **I want to volunteer as a student**

**PROGRAMS OF INTEREST:** Please circle areas of interest

**ACADEMIC EXTRACURRICULAR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION**  | **LIFE SKILL**  |  | **ART**  | **SPORT**  | **HEALTH & WELLNESS**  | **FAMILY & CAREER**  |
|  |  |  |  |  |  |  |
| Math Tutoring | Girls Connected For A Cause |  | Dance | Basketball | Boxing | Summer Employment |
| Reading Tutoring | Girls 2 Women |  | Twirlers (Flag & Baton) | Baseball | Judo | GED |
| Homework Tutoring | Boys 2 Men |  | Keyboard | Golf | Table Tennis | Parenthood |
| Day Program | Reconnecting Youth |  | Percussion | Sports Clinic | Video Gaming | Family Matters |
| English 2nd Language  | Thrive Beyond |  | Drama | Skills & Drills | Senior Program | Strengthening Families |
| STEAM | Mentoring |  |  | Coaching | Self Defense  | Workforce Development |
| Camp Safe Haven |  |  |  |  |  | Transportation |
| Sum School Scholarship |  |  |  |  |  |  |

 **I want to volunteer as a mentor, coach, tutor, or community service**

**HOUSEHOLD INFORMATION:**

**Name Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: \_\_\_ Male \_\_\_ Female

 First Last

 **Ethnicity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you the head of household**? \_\_\_ Yes \_\_\_ No If not, list head of household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number in Household**: Adults: \_\_\_\_ Children: \_\_\_\_ Ages of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street (Apt. #) City State Zip Code

**Phone**: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Job Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the appropriate response(s) for each line.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yearly Income**:  |  $0-$10k  | $10k-$20k | $20k-$30k  | $30k-$40k  | $40k+ |
| **Household Type**:  | Single Parent  | Both Parents | Legal Guardian | Other |  |
| **Do You Receive**:  | Food Stamps | General Assistance | SSDI | SSI | Free Lunch |
|  | Veterans Comp | Reduced Lunch |  |  |  |

**PARTICIPANT’S MEDICAL INFORMATION:**

**Insurance Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insurance Policy Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Concerns/ Disabilities /Allergies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Physician Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Hospital**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PICK UP INFORMATION:**

Two Adults authorized to pick the member up:

1. **First Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact?** \_\_\_\_ Yes \_\_\_\_No

1. **First Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact?** \_\_\_\_ Yes \_\_\_\_No

Emergency Contact if different from the two names above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anyone that is restricted from picking up the member? \_\_\_ No \_\_\_ Yes If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent**

**I have read the complete application, understand the rules of the Decatur Youth Service and am allowing my son/daughter(s) be a participant into its programs. I have explained the rules to my son/daughter (s) and agree that Decatur Youth Service will not be responsible for any accident to the boy/girl (s) while on the Decatur Youth Service’s premises or while engaged in any of its activities in or away from the program sites. I give my consent for photographs, in which my son/daughter (s) may appear, to be used by the Decatur Youth Services to promote their programs. I do hereby release and save harmless, The City of Decatur Alabama, Youth Services Department its employees and volunteer workers from any damages or harm, mental or physical, should anything occur during the course of or result of my child’s participation.**

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Please Print Signature Date

Name of participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Please Print Signature Date

\*\*\*DYS does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, natural origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.\*\*\*