



YOUTH APPLICATION

SECTION I: YOUTH INFORMATION

Date: _____

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE MOBILE PHONE

PRIMARY E-MAIL ADDRESS ALTERNATE E-MAIL ADDRESS

Date of Birth: _____ Gender: Female Male

Race/Ethnicity (Check one):

- American Indian/Alaska Native Hispanic or Latino (of any race) Other/Multiracial
 Asian Native Hawaiian/Pacific Islander
 Black/African American White/Caucasian

Were you referred to the GoodGuides program? Yes No

If yes, who referred you? (Check all that apply)

- Faith-Based Organization School/Education Agency
 Juvenile Justice Agency Social Service Agency
 Nonprofit Service Organization Other: _____
 Parent

SECTION II: PARENT/GUARDIAN INFORMATION

STREET ADDRESS SAME AS YOUTH

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE MOBILE PHONE

E-MAIL ADDRESS

The person listed above is: (Check one)

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Uncle | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Father | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Foster Father | _____ |
| <input type="checkbox"/> Aunt | | |

Is this also your emergency contact? Yes No

SECTION III: ALTERNATE/EMERGENCY CONTACT INFORMATION

Please list an emergency contact other than the person above.

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE CELL PHONE

PRIMARY E-MAIL ADDRESS

The person listed above is: (Check one)

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Uncle | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Father | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Foster Father | _____ |
| <input type="checkbox"/> Aunt | | |

SECTION IV: SCHOOL INFORMATION

Are you currently enrolled in school? Yes No

If yes, which grade are you currently in? (Check one)

- 6 7 8 9 10 11 12 GED/Adult Education

Your current Grade Point Average is:

- A B C D Below D

What is your current school name: _____

If not in enrolled in school, why not? (Check all that apply)

- Dropped out Dropout Date: _____ Last Grade Attended: _____
- Suspended Suspension Date: _____
- Terminated Termination Date: _____
- Other: _____

If not enrolled in school, when was the last time you were enrolled school? (Check one)

- Within past month
- Within past three months
- Within past six months
- Within past year
- More than one year ago

Do you plan to graduate from high school?

- Yes No

Have you thought about plans after school?

- Yes No

If yes, what are your plans after school? (Check all that apply.)

- Community College
- Four-year College or University
- Marriage and/or Start a Family
- Move to a New City or State
- Military
- Stay at Home
- Trade School
- Travel
- Work
- Other (Please Specify): _____

What do you hope to gain from participating in the GoodGuides youth mentoring program?

SECTION V: PARENT/GUARDIAN CONSENT AND SIGNATURE

I certify to the best of my knowledge that the information provided on this Youth Application is true and accurate. I also give my informed consent and permission for my child to participate in the GoodGuides Youth Mentoring Program and its related activities.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Youth Name (Please Print)

Youth Signature

Date