

Youth On Purpose Application Form

Please fill out as completely as you can

PARTICIPANT INFORMATION

check if someone other than participant is filling out this form

First Name	Last	Middle Initial	
Nickname/Preferred to be called	Birth date / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans/other	
Physical Address	City & State/Province	Zip Code	Country
Main Contact Phone Number	Cell Phone / Message Number		
E-mail Address			

Who are you living with? Myself Friend (s) Family/Relatives Group Home/Hospital Foster Home N/A

EMERGENCY INFORMATION

Parent / Emergency Contact #1 Name	Relationship to you		
Physical Address	City & State/Province	Zip Code	Country
Phone Numbers	E-mail Address		
Parent / Emergency Contact #2 Name	Relationship to you		
Physical Address	City & State/Province	Zip Code	Country
Phone Numbers	E-mail Address		
Family Doctor	Phone		
Medical Insurance	Policy #		

MEDICAL INFORMATION

Food and Medicine Allergies	Blood Type
Any health concerns or major previous illness/injury?	Any history or diagnosis of mental illness?
List any current medications you are taking	

ADDITIONAL INFORMATION

Do you need an interpreter or have trouble speaking English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language:
Are you currently in school or a skills training program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degrees/Certifications:
Do you smoke cigarettes or chew tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	School:
Are you currently using any illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often do you drink alcohol? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	
Do you have any special housing or dietary needs?	
Can we take your picture or video during the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE READ AND SIGN THE PRIVACY POLICY ON THE NEXT PAGE

Youth On Purpose Privacy Policy

Your privacy is yours. We collect data only for continuing research to improve our services. We never share information that would reveal your identity with any other person, business, or organization. Our e-mail list is likewise never shared, but is used only to communicate directly with you about our programs and events. We guarantee strict confidentiality of all our services. Your stories and testimonials will be used in the future only with your oral or written consent.

Please initial the following statement if you agree.

_____ I have read and understand the above policy regarding my own privacy.

The privacy of other participants is theirs. Please initial the following statement if you agree. Refusal to initial and sign may result in denial of application.

_____ I hereby agree to maintain the privacy of those I interact with during the Youth On Purpose program, including but not limited to, the summer camp, follow-up group sessions, additional courses, phone sessions, and personal disclosure shared with me or the group in confidence by other participants.

_____ I may share the stories or processes of other participants with outside parties only with the expressed oral or written permission of the participant. If I choose to share personal stories without consent, I will not use their names or any identifying characteristic while describing them.

signature

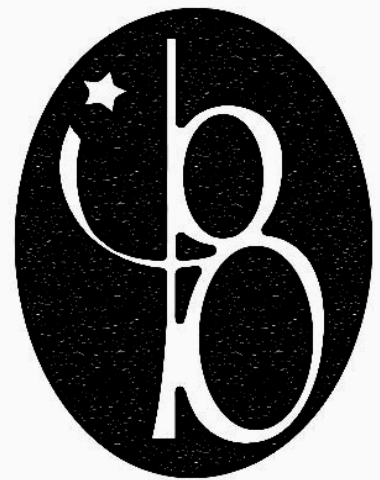
date

Please check form to make all fields are filled out to the best of your ability and that you have signed above. Send this form and the following questionnaire answers to:

Youth On Purpose
1609 Brook View Place
Bellingham, WA 98229

(360) 527-2796
(866) 285-0654

info@youthonpurpose.org
YouthOnPurpose.org



Youth Questionnaire—Page 1

All questions are optional. The more and honestly you answer, the better we can understand you, your life, and your perspectives. Only staff will have access to your answers. Many questions are open-ended and it is up to you how you want to answer them. Please attach additional pages if needed for space.

We can't wait to learn more about you!

Parents—Please respect your child's privacy and ensure them you will not read these answers without their expressed permission.

What do you have going on in your life?

What do you like about your life? What do you dislike?

What would you like to see happen in your life? What areas of your life would you like to see change?

What do you feel is holding you back from what you want to see happen?

What would you like to see happen in this program, or what would you like to achieve in this program?

A goal is something you really want to achieve in your life. Write three of your goals.

In what ways are you a leader in your life? In what ways are you a follower?

Youth Questionnaire—Page 2

Describe your relationship with your mother. What did you do for your mother on Mother's Day?

Describe your relationship with your father. What did you do for your father on Father's Day?

How many brothers or sisters do you have? What are their ages? How is your relationship with them?

What is your role in your family?

How is your relationship with your friends?

With whom do you communicate well? Why?

What makes you upset or angry? How do you handle anger?

What makes you happy? How do you show happiness?

Do you take sides when there is a conflict? What kinds of conflict show up in your life?

Have you lost anyone to death or separation/divorce? How do you handle grief or sadness? Is it easy for you to cry?

What are you afraid of? How do you handle fear?