## **Youth Skills Building Program Application**

Full Name:	Age: Date of Birth: _	
Address:	Zip Code:	
Email:	Phone:	
<b>Gender</b> (please check one): $\square$ Male $\square$ Female $\square$	Non-binary/Other	
<b>Race</b> (please check all that apply): $\square$ Asian $\square$ Blace $\square$ Hispanic $\square$ Am Indian $\square$ Pacific Islander $\square$ O	•	
Language Spoken at Home:		
Parent/Guardian Information:		
Parent/Guardian Name:	Phone:	
Email:		
Emergency Contact Name:	Phone:	
School Information:		
School Name:	Grade: Teacher:	
Additional Information:		
Is the youth in Foster Care? $\square$ No $\square$ Yes		
Foster Parent Name:	Phone/Email:	
<b>Does the youth have Case Management?</b> □ No □	∃Yes	
DHS Worker Name:	•	
CUA Worker Name:	Phone/Email:	
Probation/Parole Officer:	<del>-</del>	
Social Worker Name:		
<b>Does the youth owe restitution:</b> $\square$ No $\square$ Yes If	yes, amount owed: \$	
Dietary Restrictions and Food Allergies:		
	we should be aware of? (Please specify)	

<b>Program Interest and Experience:</b>	
1. How did you hear about our youth build skills program?	2.
What interests you about participating in this program?	
Have you had any previous experience with home repair or o	
What skills or knowledge do you hope to gain from participa	ting in this program?
5. Are there any specific projects or areas within home repair interested in learning about?	r or carpentry that you are particularly
6. Do you have any additional after-school obligations? (If ap	pplicable)
7. What time is your school dismissal? (If applicable)	
<b>Consent:</b> I understand that by completing this referral form, Skills Program. I also acknowledge that the information p enrollment purposes only.	
Participant Signature:	Date:
Parent/Guardian Signature:	Date: