

Project YouthBuild

Enrollment Application 635 NW 6 Street • Gainesville, FL 32601 www.projectyouthbuild.org

Date:		Social S	ecurity Number:	//
Name:				e
Address:				
City:		State:		Zip:
Home Phone:		Cell Phone	e:	
Email Address:				U.S. Citizen
Age: D.O.E	3	Не	ight:	_ Weight:
FaceBook, Instagram, Snap	oChat Name(s):			
Are you of Hispanic or Lat Please mark all that apply: Native North Black or Africa Please mark <u>all</u> fields that	American	waiian Native or F	□ Not Specified Pacific Islander □ Asi	an 🗆 White
☐ Migrant Youth	n 🗌 Low-incom	e Family	☐ Youth in Foster Care	e 🔲 High School Dropout
☐ Youth Offende	er 🔲 Child of Inc	carcerated Parent	☐ Adult Offender	☐ SNAP
☐ Social Security	y Disability Insurance ((SSDI)	☐ Supplemental Secur	ity Income (SSI)
☐ Temporary As	ssistance to Needy Fam	nilies (TANF)	☐ Unemployment	☐ Subsidized Housing
☐ Other:				
Please list your emergen	cy contacts, numbers	s should be differ	ent from your home nu	mbers:
Emergency Contact 1:	Name	Relation	nship	Phone
Emergency Contact 2:	Name	 Relation		Phone

EDUCATIONAL BACKGROUND

Do you have a High School Diploma? \square Yes \square No Do you	have a GED? \square Yes \square No
Have you completed 8 th grade? ☐ Yes ☐ No What is the last school you attended?	
WORK HISTORY	
Are you currently working?	ob? 🗌 Part-time 🔲 Full-time
What is your current hourly wage? Average number of hour	s worked per week?
Current Work Schedule:	
Name of Business	
CRIMINAL BACKGROUN	
Please answer this section HONESTLY—we are required to complete student and staff. If you are dishonest on this section it may	
Have you ever been <u>arrested, convicted or held in police custody</u> ? If yes, please describe	☐ Yes ☐ No
Are you on probation, parole, or involved with corrections?	☐ Yes ☐ No
If yes, probation/parole officer** Please provide documentation of the terms of your probation	
ADDITIONAL INFORMATI	<u>ON</u>
Do you have a driver's permit or driver's license?	☐ Yes ☐ No
If accepted will you consistently attend Monday through Friday 8:30-3:45?	☐ Yes ☐ No
Explain how you will arrive and depart each day from Project YouthBuild? (ex. Drop off by friend, RTS, bike, etc.)
What is your current living status (select any that apply)?	
\square Living with family \square Living alone \square Living with fi	riends
\square Living in a halfway house \square Houseless \square Other:	
Are you a parent? \square Yes \square No If yes, how many children do you have and	l what are their age(s):
If you are parent, are you interested in our parenting program? ☐ Yes ☐ N	

The following list of required documents MUST be turned in with your application.

_	Copy of Birth Certificate
	Copy of Driver's License/State ID—both front and back
	Copy of Signed Social Security Card
	Copy of Medicaid Card/Insurance Card—both front and back
	Project YouthBuild Parent/Guardian Release (If applicant is under 18 years of age)
	Verification of <u>household</u> income (e.g. pay stubs, tax forms, food stamp acceptance forms)
	Official <u>UNOPENED</u> copy of High School Transcripts (Including IEP paperwork)
Applica	nt Signature Date:
	Guardian Signature: Date: t/Guardian signature required for applicant that is under the age of 18. By signing this form you agree to all of the participation with Mental Toughness Orientation, a four-day event.)
your cl	
your cl	ild's participation with Mental Toughness Orientation, a four-day event.)
your cl	aild's participation with Mental Toughness Orientation, a four-day event.) Guardian Printed Name:
y our cl Parent,	Guardian Printed Name:How do I submit my application?
your cl Parent,	Guardian Printed Name: