REACH OUR YOUTH (ROY) Youth Application (confidential) Please include as much detail as possible

Child's name		Date of birth					
Age	Gender	Race	E-Mail				
Address Street, Cit	y, State, Zip Code						
How long at this	address?						
Phone number or	r number for a mess	age	Cell Phone				
Who does the ch	ild live with?						
Mother's name _		Ad	dress				
Telephone	Em	ployment	Monthly incom	e			
Mother's maider	ı name		Marital status S	M	W [choose one]	D	
Mother's spouse	/partner name		Phone				
Employment			Monthly income				
Father's name		Address _					
Telephone	Employment or source of income						
Marital S	M W D [cl	noose one]					
Father's spouse/	partner		Phone				
Employment	ment Monthly income						
Guardian		Address					
Telephone		Employment		Monthly	income		
Siblings' name a	nd ages						

Other people living in the home (including all adults & part-time children)
Youth's interests and hobbies (likes and dislikes)
Please circle all interests your child has:
Karate Wrestling Basketball Dance Puzzles Reading Music Bike Riding Board Games Football
Watching Sports Playing Outside Swimming Science Experiments Hiking Video Games Soccer
Kite Flying Lego Building Fishing Hunting Sewing Cooking Baking Gardening Coloring
Trying New Things Watching Movies/T.V. Volunteering Bowling Skating Makeup/Beauty Baseball
Other
Extra-Curricular activities youth is currently involved in
Physical Problems/Allergies/Disabilities (physical or learning)
Reason for referral
What would you like to see youth gain from participation in ROY?
Youth currently or in the past on probation? Please explain
Who is the probation officer?
How did you learn about ROY?
How does the youth get along with other children?
How does the youth relate to adults (parents, teachers, neighbors)?

School attending?	Grade		
Estimated Graduation Year?			
Has the child/teen ever been held back	in school? If so, what year?		
What is his/her's attitude towards school	ol?		
What is their favorite subject?	Why?		
What is their least favorite subject?	Why?		
List any address you've held in the pass	t 10 years:		
Please list any additional information child's needs. This helps us to better mentor.			
I hereby give permission for my child agree to release ROY and the volunteer			(ROY). I
Parent's or guardian's signature		date	
	URN TO: Reach Our Youth (RC aron County Common Pleas Cour 2 E. Main Street, Room 102 Norwalk, Ohio 44857-1534 Phone: (419) 663-2525 Fax: (419) 663-0944		
	FOR OFFICE USE ONLY		•••••
ROY FRIEND	DATEDATE	TERMINATED TERMINATED	