



Family YMCA of Marion & Polk Counties ELEVATE YOUTH PROGRAM

Application

Applicant Information: General

Full Legal Name:		Date of Birth:
Preferred Name:		
Address:		Apt. or Unit:
City:	State:	Zip:
Phone:		Email:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not To Answer		
Race (all that apply): <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Prefer Not To Answer		
Are You a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Answer		
Do You Have A Medical Concern or Medical Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Answer If Yes, Please List Below: _____ _____ _____		

Educational and Employment Background

Education Status: <input type="checkbox"/> In School <input type="checkbox"/> Homeschooled <input type="checkbox"/> GED (Enrolled) <input type="checkbox"/> GED (Completed) <input type="checkbox"/> Non-Enrolled (Highschool, GED, Etc.) <input type="checkbox"/> Other:	
Name of Current/Last School Attended:	Last School Year Attended:
Are You Currently Employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Answer	

Characteristics

Family Size (include yourself and the number of people that live with you):
Family Income (round to the nearest whole dollar amount):

Please Check All That Apply To You:

- Justice System Involvement
- Receiving Public Assistance
- Qualify For Free or Reduced Lunch
- Member of Oregon's Nine Federally Recognized Indian Tribes
If Yes, Please List Tribal Code: _____
- Member of the LGBTQIA+ Community
- English Language Learner
- Prefer Not To Answer
- None
- Other: _____

I hereby affirm the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration of this program and may be considered justification for dismissal if discovered at a later date.

Signature: _____ Date: _____

I am the parent/guardian of the above named applicant. I acknowledge that I have read this release in full before voluntarily signing below and fully understand the contents, meaning, and impact of this release. This release shall remain valid until/unless revoked in writing.

Parent/Guardian Name: _____ Relationship: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY (DO NOT WRITE HERE):

Participant ID: _____ Date Entered : _____

