



Project YouthBuild



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

The following information is used to determine eligibility and will be kept confidential. **Complete in PEN**

Date: _____

Name: _____ She/Her He/Him They/Them Other

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ U.S. Citizen Yes No

Age: _____ D.O.B. _____ Social Security Number: _____/_____/_____

FaceBook, Instagram, SnapChat Name(s):

Have you registered for the Selective Service? (Male applicants over the age of 18) Yes No Not Applicable

Are you of Hispanic or Latinx Origin? Yes No Not Specified

Please mark all that apply:

- Native North American Hawaiian Native or Pacific Islander Asian White
- Black or African American Not Specified

Please mark all fields that apply:

- Migrant Youth Low-income Family Youth in Foster Care High School Dropout
- Youth Offender Child of Incarcerated Parent Adult Offender SNAP
- Social Security Disability Insurance (SSDI) Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF) Unemployment Subsidized Housing
- Other: _____

Please list your emergency contacts, numbers should be different from your home numbers:

Emergency Contact 1: _____

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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Emergency Contact 2: _____

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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EDUCATIONAL BACKGROUND

Do you have a High School Diploma? Yes No Do you have a GED? Yes No

Have you completed 8th grade? Yes No

What is the last school you attended? _____

WORK HISTORY

Are you currently working? Yes No Is your job? Part-time Full-time

What is your current hourly wage? _____ Average number of hours worked per week? _____

Current Work Schedule: _____

Name of Business _____

CRIMINAL BACKGROUND

Please answer this section HONESTLY—we are required to complete Level II Background Screenings on EACH student and staff. If you are dishonest on this section it may eliminate you from selection

Have you ever been **arrested, convicted or held in police custody?** Yes No

If yes, please describe _____

Are you on probation, parole, or involved with corrections? Yes No

If yes, probation/parole officer _____ Phone # _____

**** Please provide documentation of the terms of your probation and upcoming court dates.**

ADDITIONAL INFORMATION

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)?

Living with family Living alone Living with friends Living in a houseless shelter

Living in a halfway house Houseless Other: _____

Are you a parent? Yes No If yes, how many children do you have and what are their age(s): _____

If you are parent, are you interested in our parenting program? Yes No

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 household income (e.g. pay stubs, tax forms, food stamp acceptance forms)
- Official **UNOPENED** copy of High School Transcripts (Including IEP paperwork)

Applicant Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Parent/Guardian signature required for applicant that is under the age of 18. By signing this form you agree to your child's participation with Mental Toughness Orientation, a four-day event.)

Parent/Guardian Printed Name: _____

How do I submit my application?

- Drop off in person: Project YouthBuild, 635 NW 6th Street ,Gainesville, FL 32601
- Fax: 866-835-1249
- Scan and Email: info@projectyouthbuild.org
- Mail to Project YouthBuild, PO Box 13522, Gainesville, FL 32604