

Past Participant Youth\$ave Application

Please take your time and fill out both sides of this application as best as you can.

When you are done, or for help completing the application, contact:

Peter Blanchard: 503.501.5732 pblanchard@reachcdc.org

Youth Name _____ Date: _____

Birthday (mm/dd/yyyy) _____ Age: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Phone Numbers: (fill in all that apply)

Home phone	Youth Cell	Parent 1 Cell	Parent 2 Cell

Email Addresses: (fill in all that apply, please print clearly)

Youth email	Parent 1 email	Parent 2 email

Reminders will be emailed to youth & parents the day before class. In addition, please:

- Call Parent(s)
 Call Youth
 No reminder calls needed

Emergency Contact (who to call if Parents are unreachable):

Name	Relationship to Youth	Phone Number

Name of School: _____ Grade Going into: _____

Do you: Eat meat? _____ Eat dairy? _____

Have other dietary restrictions? _____

(if yes, please describe)

Any allergies or medications that staff should know about? _____

1. What have you learned from being in Youth\$ave in the past?



2. What do you like best about Youth\$ave?

3. What would make Youth\$ave better?

4. Do you volunteer? What have you done?

**5. Where does your money come from (job, allowance, chores, birthdays etc.)?
Be specific!**

**Please return completed forms to Peter Blanchard at the REACH office.
1135 SE Salmon St. Portland, OR 97214
503.501.5732 pblanchard@reachcdc.org**

