

# SAFE Youth Leadership Coalition Application



Date \_\_\_\_\_

Youth Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

• Name of Parent/Guardian \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Home ( ) \_\_\_\_\_  
(Street & Number) (City, State, Zip)

Business Address \_\_\_\_\_ Business ( ) \_\_\_\_\_  
(Street & Number) (City, State, Zip)

• Name of Parent/Guardian \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Home ( ) \_\_\_\_\_  
(Street & Number) (City, State, Zip)

Business Address \_\_\_\_\_ Business ( ) \_\_\_\_\_  
(Street & Number) (City, State, Zip)

• Emergency Contact \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Home ( ) \_\_\_\_\_  
(Street & Number) (City, State, Zip)

Business Address \_\_\_\_\_ Business ( ) \_\_\_\_\_  
(Street & Number) (City, State, Zip)

**What school do you attend** \_\_\_\_\_

What grade are you in? \_\_\_\_\_

What is your principal & assistant principal name? \_\_\_\_\_

Do you have any school difficulties? \_\_\_\_\_ If so, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Have you had any involvement in the Juvenile Justice System?** \_\_\_\_\_

If so, what is the name of your Court Counselor? \_\_\_\_\_

What have or were you charged with? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any health problems?** \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about SYLC?** \_\_\_\_\_

**Tell us something special about yourself** \_\_\_\_\_