



**YOUTH APPLICATION**

Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Grade \_\_\_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

Please check: Do you live: At Home \_\_\_\_\_ Independently \_\_\_\_\_

Please check: Do you have a legal guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Guardian's name: \_\_\_\_\_ Number: \_\_\_\_\_

Do you have any food allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

Will you need to take any medications during a meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need any accommodations to attend a meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need transportation to attend a meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Relationship to person \_\_\_\_\_ Contact phone \_\_\_\_\_

**Youth Agreement:** *By submitting this application, I affirm that I have read and understood the questions set forth in the application and have (if necessary) shared this information with my parent/legal guardian. All the information recorded above is considered confidential and will not be shared outside of PATH/FVCT.*

Applicant Signature \_\_\_\_\_ Print: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature (If volunteer under 18) \_\_\_\_\_ Date \_\_\_\_\_