



Youth Application for Young Women Empowered

Thank you for your interest in joining Young Women Empowered. Please fill out this application and be sure to let us know which program or even you are applying for. Make sure your parents or guardians fill out their sections and sign the permission forms. Sign the personal contract and send it to:

P.O. Box 168, Duvall, WA 98019.

If you or your parents have questions about this application, please contact our **Youth Outreach Coordinator at programs@y-we.org or (206) 390-5668.**

Personal & Contact Information

Full Name:	
Mailing Address:	
City, State, ZIP Code:	
Email:	Home Phone:
	Cell Phone:
Do you use Facebook? <input type="checkbox"/> yes <input type="checkbox"/> no <i>We often communicate through Y-WE's Facebook, so please "friend" Young Women Empowered.</i>	Age:
	Birth Date:
Do you identify as a person of color? <input type="checkbox"/> yes <input type="checkbox"/> no Ethnicity (optional):	Are you fluent in English? <input type="checkbox"/> yes <input type="checkbox"/> no
	Languages spoken at home:

Parent/Guardian Contact Information

Youth lives with: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> group home <input type="checkbox"/> other (explain):		
Parent/Guardian Name(s):		
Home Phone #:	Work #:	Cell #:
E-Mail Address:		
Home Address:		
City, State, Zip:		

Dietary Needs: *we serve food at all our retreats and events:*

Does the youth have a special diet? <input type="checkbox"/> yes <input type="checkbox"/> no
Participant is: <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> no pork <input type="checkbox"/> no dairy <input type="checkbox"/> no gluten
Other needs (explain): _____
Describe any food allergies: _____

Which program do you want to sign up for? (check all that you are interested in)

- Leading Together: 7-month leadership & Mentorship program
- Her Stories: theater and writing program
- Fashion Jam: overnight camp focused on beauty, body-image, and medial literacy
- Group Service Projects (3 a year)
- Carrier Fair (1 a year)
- College Tours, which colleges do you want to visit? _____
- Event Volunteer (at least 2 a year *International Dinner in Spring and Fall Fundraiser*)
- Other Ideas:**

How did you learn about the Y-WE?

What are 2 reasons why you would like to be involved?

Please describe any leadership and/or creative activities that you are involved in:

3 Words or phrases to Describe you:

- 1.
- 2.
- 3.

1 Goal, Hope or Dream you have for your life:

If you are applying for the Leading Together 7-month program, please let us know what kind of mentor you would like to be paired with: (*try to imagine what will her personality be like...What will she do for work?...What will she do for fun?...*)

Your Contract with the Program:

Everyone who attends Y-WE gets a scholarship. This allows everyone to attend on an equal basis. Since we have limited space in all our programs, and we want to make sure you get the most out of your Y-WE experience, we require a commitment from you to participate in all activities related to the program you are signing up for.

We also rely on our mentors, participants and their families to help make our programs financially viable. Our mentors and participants take part in two fundraising events for the program each year. This includes our international dinner and show held in the spring. It's lots of fun and puts our leadership skills to action.

In addition, we ask each family to consider what they can donate to Y-WE to help defray the costs of our program. Please sign the contract below to formalize your participation in Y-WE.

PERSONAL CONTRACT

I commit to attend all Y-WE activities related to the program I am signing up for. I understand that I am receiving a scholarship and that spots in this program are limited. I will show up and make the most of my experience!

SIGNATURE (Please print and sign):

DATE: _____

I understand that I am not being charged for this program. I also understand that it costs Y-WE approximately \$1500 for each participant. A donation of any amount helps to insure that our programs are available to all.

_____/my family/my organization will make a donation of \$ _____ to the scholarship fund.

_____/my family/my organization is not able to make a donation.

Medial/Dietary Information/Permission:

This section of the application is to be completed and signed by parents and guardians. If you are 18 or over, you may sign it yourself. Please print and sign.

Emergency Contacts: Please list two emergency contacts, who we have your permission to contact

Name:	Relationship to youth:
Phone Numbers:	E-Mail Address:

Name:	Relationship to youth:
Phone Numbers:	E-Mail Address:

Medical History/Conditions:

Has the youth had any recent hospitalizations, injuries, physical or emotional complaints, or chronic illnesses which we should be aware of? yes no

Please yes, please explain:

Does the participant have or has she ever had any of the following: heart condition diabetes seizures asthma bee sting allergy food allergy other

If any box is checked, please explain:

Is the participant currently under the care of a physician or practitioner? yes no
If yes, for what treatment:

Is the participant taking medications of any kind? yes no

If yes, what kind, dose, frequency, purpose? _____

Please note that for everyone's safety, if the youth is attending an overnight retreat or camp, a medical staff person will be responsible for keeping track of her medications and distributing them at the appropriate times.

Date of last tetanus immunization: _____ Does the youth carry medical insurance? yes no.

If yes, company name: _____ Policy or group # _____
Name of Primary Care Physician _____
Phone # _____
Address of primary doctor's office: _____

I hereby give permission that I/my child may be given emergency treatment by a qualified staff member of Young Women Empowered. I also give permission for me/my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that emergency contact cannot be reached, I further consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital selected by Young Women Empowered staff when deemed immediately necessary or advisable by the physician to safeguard me/my child's health. I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signature of Parent/Legal Guardian

Print Name

Date

Hold Harmless Release Form. PLEASE initial each line.

I permit my youth to participate in the Young Women Empowered Leadership Program _____

I hereby hold harmless Young Women Empowered (Y-WE) and Partnership for Youth Empowerment (PYE), its employees, officers and agents, and any leaders of Y-WE and PYE from any and all responsibility and liability of any nature that may arise during the program, from circumstances beyond Y-WE/PYE's control. _____

I hereby hold harmless Y-WE & PYE, its employees, officers and agents, and any leaders of Y-WE and PYE from any and all responsibility and liability of any nature which may arise if the named participant leaves the grounds of the program without authorization, or otherwise goes against the basic program guidelines. _____

Insurance: It is the responsibility of every individual, her parent or legal guardian to provide for her own Accident and health coverage while participating in all Y-WE activities. I understand that Y-WE does not provide any accident or health coverage for its participants. _____

Participation: I give permission for my child to participate in activities, field trips, overnight retreats, and swimming and to be transported in vans or private automobiles as authorized by Y-WE. _____

Valuables: I understand that personal items that are misplaced or lost at Y-WE's program are the responsibility of the participant, NOT Y-WE or PYE. _____

Photo and Video Release: I give permission for Y-WE or those who have the written consent of Y-WE to use photos or videos of my child for purposes of promoting future Y-WE programs. I expressly release Y-WE, your agents, employees, licensees, and assigns from any and all claims which I have or may have for invasion of privacy, defamation, or any other cause of action arising out of the use of these photographs and video . _____

Does this youth have a history of behavioral or other problems such as substance abuse, involvement with the criminal justice system or mental health issues of which we should be aware? **No** _____ **Yes** _____
If so, please elaborate in writing or by phone.

I have read, initialed, and understand the above and have completed it to the best of my ability.

Participant's Name _____

Participant's Signature (if 18 or over) _____

Parent or Guardian Name (Please Print) _____

Parent or Guardian Signature _____

Date: _____