



Pinoleville Pomo Nation
 N.A.Y.A. Partnership Program
 500 B Pinoleville Dr
 Ukiah, CA 95482



Youth Application

(To Be Completed by the Parent/Guardian)

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Youth Social Sec. #: _____

Date of Birth ___/___/___ Age: ___ Gender: Male ___ Female ___

Transgender ___ Other _____

Ethnicity: Native American African American Hispanic White Other: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you/your child want to participate in this program? _____





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2. Briefly describe your expectations for this program: _____

3. Is your child available to meet with a group of other youth and adults weekly for two and a half hours over the course of 12 weeks? (describe session dates & times)

4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.: _____

5. Does your child have friends? Please describe them. _____

6. Is your child currently experiencing any challenges either at home or school?

7. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

8. Can you provide any additional background information that may be helpful to our program to help ensure your child's positive engagement?

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your child have any physical problems or limitations? Y/N _____

Is your child currently receiving treatment for any medical issues? Y/N





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Is your child currently on any type of medication? Y/N
 Is so, please specify. _____

Does your child have any known allergies or adverse reactions to medications? Y/N
 If yes, please describe them below: _____

Does your child have any emotional issues or problems right now? _____

Is your child currently seeing a counselor or therapist? Y/N

Therapist's Name: _____

Contact and Information Release
 (To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for The Arbor Native American Youth and Adult Partnership Program to make contact with my child and conduct a personal interview for the purposes of applying to become involved in this program. The program may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of my child's participation in this program.

I authorize The Arbor Native American Youth and Adult Partnership Program to obtain any needed information regarding my child from their school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be shared with a prospective volunteer to gauge their interest in program engagement.

 Parent/Guardian Name

 Parent/Guardian Signature

 Date

