

**PINELLAS OPPORTUNITY COUNCIL, INC.  
2017 YOUTH DEVELOPMENT PROGRAM**

|   |   |  |                  |
|---|---|--|------------------|
| APPLICATION DATE:   | STUDENT'S FIRST NAME:   | MIDDLE INITIAL:  | LAST NAME:       |
| STUDENT'S SOCIAL SECURITY #: _____  | CURRENT STREET ADDRESS:   |  |                  |
|   | CITY:   |  | STATE: ZIP CODE: |
| STUDENT'S PRIMARY PHONE #<br><input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> OTHER     | CUSTODIAL PARENT/LEGAL GUARDIAN NAME:   | PARENT/LEGAL GUARDIAN CONTACT: PHONE #:  |                  |
| STUDENT'S EMAIL:  | ANY MEDICAL RESTRICTIONS THAT MAY LIMIT PARTICIPATION<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, specify _____                        | E-MAIL ADDRESS:  |                  |
| ALTERNATIVE TELEPHONE NUMBER:<br><input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> OTHER | Student T-Shirt Size<br><input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | Race: <input type="checkbox"/> African American /Black <input type="checkbox"/> I do not wish to answer<br><input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White |                  |
| STUDENT'S EMERGENCY CONTACT PERSON:<br>_____  |   | Ethnicity: Hispanic or Latino Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  |
| CONTACT PHONE #: _____  |   | Are you of Haitian Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |
| <b>YOUTH / STUDENT PERSONAL INFORMATION</b>   |   |  |                  |
| DATE OF BIRTH:  | AGE:  | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE  |                  |
| <b>YOUTH / STUDENT EDUCATIONAL and TRANSPORTATION INFORMATION</b>   |   |  |                  |
| NAME OF SCHOOL _____<br>_____ HIGHEST GRADE COMPLETED<br>_____ GPA/CUMULATIVE<br><b>ATTACH LATEST REPORT CARD WITH APPLICATION</b>                        |   | NUMBER OF PERSONS IN HOUSEHOLD: _____<br>HOUSEHOLD ANNUAL INCOME: _____<br><b>PLEASE SUBMIT WITH APPLICATION</b>   |                  |
|   |   | DO YOU HAVE RELIABLE TRANSPORTATION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                  |
| <b>WORK AND INTEREST INFORMATION</b>  |   |  |                  |
| HOW DID YOU HEAR ABOUT THIS PROGRAM?<br>_____<br>_____<br>_____   | DATE YOU WILL BE AVAILABLE FOR PROGRAM:<br>_____  | HAVE YOU MADE A CAREER CHOICE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, DESCRIBE:<br>_____<br>_____  |                  |
|   | LIST BEST SCHOOL SUBJECTS:<br>_____<br>_____  |  |                  |
| VOLUNTEER EXPERIENCE: PLEASE EXPLAIN<br>_____<br>_____<br>_____   |   | LIST OTHER SKILLS YOU MAY HAVE:<br>_____<br>_____  |                  |
| LIST EXTRA CURRICULAR ACTIVITIES INVOLVED IN SCHOOL:<br>_____<br>_____  |   | SPECIAL SCHOOL CURRICULUM/PROGRAMS, i.e., AVID, MAGNET, etc.<br>_____<br>_____   |                  |

**If selected for this program, I understand that participation is contingent upon the successful completion of a background check.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (727) 823-4101 EXT 115 OR EXT 110.

**RETURN THIS FORM, LATEST REPORT CARD AND INCOME DOCUMENTATION TO:**

PINELLAS OPPORTUNITY COUNCIL, INC.  
501 1<sup>ST</sup> AVENUE NORTH  
FIFTH FLOOR, SUITE 517  
ST. PETERSBURG, FLORIDA 33701

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