

**PINELLAS OPPORTUNITY COUNCIL, INC.  
2018 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 #  <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> OTHER	PARENT/LEGAL GUARDIAN NAME:	PARENT/LEGAL GUARDIAN CONTACT: PHONE #:	
STUDENT'S EMAIL:	ANY MEDICAL RESTRICTIONS THAT MAY LIMIT PARTICIPATION  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____	E-MAIL ADDRESS:	
ALTERNATIVE TELEPHONE NUMBER:  <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> OTHER		Race: <input type="checkbox"/> African American /Black <input type="checkbox"/> I do not wish to answer <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White	
STUDENT'S EMERGENCY CONTACT PERSON: _____	Student Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	Ethnicity: Hispanic or Latino Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you of Haitian Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PHONE #: _____			
<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 _____  _____ HIGHEST GRADE COMPLETED  _____ GPA/CUMULATIVE  <b>ATTACH LATEST REPORT CARD WITH APPLICATION</b>		NUMBER OF PERSONS IN HOUSEHOLD: _____  HOUSEHOLD ANNUAL INCOME: _____ <b>PLEASE SUBMIT WITH APPLICATION</b>  DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>WORK AND INTEREST INFORMATION</b>			
HOW DID YOU HEAR ABOUT THIS PROGRAM? _____ _____ _____	DATE YOU WILL BE AVAILABLE FOR PROGRAM: _____	HAVE YOU MADE A CAREER CHOICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: _____ _____	
	LIST BEST SCHOOL SUBJECTS: _____ _____		
VOLUNTEER EXPERIENCE: PLEASE EXPLAIN _____ _____ _____		LIST OTHER SKILLS YOU MAY HAVE: _____ _____	
LIST EXTRA CURRICULAR ACTIVITIES INVOLVED IN SCHOOL: _____ _____		SPECIAL SCHOOL CURRICULUM/PROGRAMS, i.e., AVID, MAGNET, etc. _____ _____	

**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

REVISED: 02/13/20176LS