



# African American Men of Unity Jobs for Youth Internship Program

## Participant Information:

Applicant Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

GPA: \_\_\_\_\_ AGE: \_\_\_\_\_ School District: \_\_\_\_\_ Free/reduced lunch or TANF: \_\_\_\_\_

## Family Information:

Mother Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

## Emergency Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

## Health History:

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check if student has any of the following and list details below:

asthma  epilepsy  diabetes  allergies (food, drug, other)

Does applicant take any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Will student be taking any medication while in this program? Yes \_\_\_ No \_\_\_

If Yes, Please list with details: \_\_\_\_\_

## Parent's Authorization:

I hereby give consent for my child to participate in the African American Men of Unity (AAMOU), Job Readiness /Internship program and all program related activities. I give permission for the AAMOU to use any photographs of my child for promotional purposes. To the best of my knowledge, my child is in good health and I will notify AAMOU if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless AAMOU and its staff, volunteers, community partners and assigns from any liability concerning our child's involvement in the JYIP program and further agree that the use of all AAMOU facilities is made at the risk of the applicant. **If 18 or older applicant signature only.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_