

DATE:



1701 Broadway, Oakland CA 94612  
510.251.1101  
www.youthradio.org

# Admission Application

PERSONAL INFORMATION	
First Name:	MI: Last Name:
Address:	
City:	State: ZIP Code:
Home Phone: ( )	Cell Phone: ( )
Email:	DOB: / /
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	
Main language spoken at home:	<input type="checkbox"/> Arabic <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino/Tagalog <input type="checkbox"/> Cantonese <input type="checkbox"/> Khmer/Cambodian <input type="checkbox"/> Russian <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Hindi <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin/Putonghua <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify): _____
English fluency (How well you speak English)	<input type="checkbox"/> Fluent (speak very well, native English speaker) <input type="checkbox"/> Somewhat fluent (speak English somewhat well, ESL student) <input type="checkbox"/> Not fluent (difficult to speak English, non-native English speaker)
Race/Ethnicity: (Check all that apply)	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Decline to State <input type="checkbox"/> Other (please specify): _____
What is your household annual income (before taxes)?	<input type="checkbox"/> Less than \$14,999 <input type="checkbox"/> \$15,000-\$29,999 <input type="checkbox"/> \$30,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000 or more <input type="checkbox"/> unknown
Who do you live with? (Check one)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent <input type="checkbox"/> Grandparents/Relatives <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Friend <input type="checkbox"/> Alone <input type="checkbox"/> Other (please specify): _____
How many people live in your home, including you?	<b>1    2    3    4    5    6    7    8    9    10+</b>
What is the highest level of education your parent/guardian 1/mother has completed?	<input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> AA/Certification <input type="checkbox"/> BA/BS (4 year degree) <input type="checkbox"/> MA/MS <input type="checkbox"/> Doctoral/Professional <input type="checkbox"/> Unknown
What is the highest level of education your parent/guardian 2/father has completed?	<input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> AA/Certification <input type="checkbox"/> BA/BS (4 year degree) <input type="checkbox"/> MA/MS <input type="checkbox"/> Doctoral/Professional <input type="checkbox"/> Unknown
SCHOOL INFORMATION	
What school do you attend?	
What type of school is it?	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____
If you go to a private school, are you on a scholarship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What grade are you in?	<input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Graduated <input type="checkbox"/> GED <input type="checkbox"/> Left high school before completion, highest grade completed: _____

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WHY YOUTH RADIO?	
<b>How did you hear about Youth Radio?</b> (Check all that apply)	<input type="checkbox"/> Friend: Please tell us their full name: _____ <input type="checkbox"/> Teacher/Counselor <input type="checkbox"/> School Presentation <input type="checkbox"/> Website <input type="checkbox"/> Radio Program/Internet Radio <input type="checkbox"/> Probation Officer <input type="checkbox"/> Family <input type="checkbox"/> Child Welfare Worker/Social Worker <input type="checkbox"/> Other: _____
<b>Why does Youth Radio interest you?</b>	
<b>Do you have previous experience in any of the following?</b> (Check all that apply)	<input type="checkbox"/> Journalism <input type="checkbox"/> Radio <input type="checkbox"/> Film & Video <input type="checkbox"/> Web Design <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Music and DJing <input type="checkbox"/> Performing Arts (ex: drama/dance/spoken word) <input type="checkbox"/> Creative Writing (ex: poetry and short story writing)
<b>If you have previous experience in any of these, please describe it.</b>	
<b>Which of the following are in your home?</b>	<input type="checkbox"/> Quiet place to study <input type="checkbox"/> Computer that I can use for school work
<b>Where do you have access to high-speed internet (broadband or wifi)?</b> (Check all that apply)	<input type="checkbox"/> I don't have access <input type="checkbox"/> At home <input type="checkbox"/> At school/work <input type="checkbox"/> At the library <input type="checkbox"/> At a friend/relative's house <input type="checkbox"/> Smartphone <input type="checkbox"/> Other: _____
<b>Briefly list a few important topics or current issues that you feel are important to teens, people of your heritage or yourself.</b>	
<b>What other organizations do you belong to?</b>	
<b>Are you currently employed?</b>	<input type="checkbox"/> Yes, part-time <input type="checkbox"/> Yes, full-time <input type="checkbox"/> No
<b>Have you ever had a job?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you, or did you have access to free/reduced lunch at school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> don't know
<b>Have you ever been on probation?</b> (Your probation status will NOT affect your ability to participate in youth Radio.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, in the past <input type="checkbox"/> Yes, currently on probation  (only check one)
<b>Have you ever been in foster care or out-of-home-placement?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, in the past <input type="checkbox"/> Yes, currently in foster care/ out-of-home placement  (only check one)
<b>Are you interested in college?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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What are your career goals?	
Do you think you could benefit from any of the following?	<input type="checkbox"/> Academic Tutoring <input type="checkbox"/> Academic Advising <input type="checkbox"/> Study Skills <input type="checkbox"/> SAT Prep <input type="checkbox"/> Time Management Training <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Food/Nutrition Advising & Info <input type="checkbox"/> Food/Nutrition Access Services
Are you receiving any of these services right now, at other organizations?	<input type="checkbox"/> Academic Tutoring <input type="checkbox"/> Academic Advising <input type="checkbox"/> Study Skills <input type="checkbox"/> SAT Prep <input type="checkbox"/> Time Management Training <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Food/Nutrition Advising & Info <input type="checkbox"/> Food/Nutrition Access Services

Is there anything else about yourself that you would like for Youth Radio to know?

OFFICE USE	
SESSION:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter      Year: _____
PROGRAM:	<input type="checkbox"/> Core <input type="checkbox"/> MATCH <input type="checkbox"/> Turnstyle <input type="checkbox"/> Correspondent
ETO:	Date entered: _____ Initials: _____ Client ID# (ETO): _____
General notes:	

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## MEDICAL CONTACT FORM

Should it be necessary for my child to have medical and/or mental health treatment while participating in any Youth Radio program activities, I hereby give permission to Program Staff, to use their judgment in obtaining services for my child. I give permission to the Physician and/or Clinician to exercise his/her judgment in providing appropriate services. Please make sure that your child has their medical cards and insurance membership information so that they are prepared in case of an emergency.

### PERSONAL INFORMATION

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

### EMERGENCY INFORMATION

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### MEDICAL INFORMATION

Illnesses/Special Medical Needs/Allergies to Medication(s):

\_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Other Information \_\_\_\_\_

### SIGNATURES FOR APPROVAL

Applicant Signature: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_