

CAP Application Form

Please fill out all information completely.

If a question does not apply to you, write N/A (not applicable).

Personal Information

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birth Date:(MM-DD-YY)

Gender: Female Male Transgender

Marital Status: _____

Education

Last Grade completed? 8th 9th 10th 11th 12th Graduated GED

Are you enrolled in school? YES NO

Current or Last school attended? _____

What type of school is it? Public Private Charter Continuation

If you go to a Private school, are you on a scholarship? YES NO

Primary Language Spoken in Home:

- Arabic Japanese Filipino/Tagalog
- Cantonese Khmer/Cambodian Russian
- English Korean Spanish
- Hindi Mandarin/Putonghua Vietnamese
- Other (please specify) _____

English Fluency:

Please indicate your level of English fluency (how well you feel you speak the English language):

- Fluent (speak very well, native English speaker, etc.)
- Somewhat Fluent (speak English somewhat well, ESL student, etc.)
- Not Fluent (do not speak English, non-native English speaker, etc.)

Race / Ethnicity. Please check all that apply.

- African Native American Other: _____
- African American Pacific Islander
- Asian White/European
- Hispanic/Latino Other White
- Middle Eastern Decline to State

What is your parent's or guardian's (household) combined annual gross income (before taxes)?

- Less than \$24,999 \$25,000 – \$49,999 \$50,000 – \$75,000 Over \$75,000
 Unknown Decline to State

Do you live with: Both Parents Single Parent Grandparents Legal Guardian Foster Parent
 Other _____

How many people live in your home with you? (Not including yourself) 1 2 3 4 5 6 7 8

What's the highest level of education your father has completed? Middle School GED
 High School AA (2 year degree) BA (4 year degree) Masters Ph.D. Unknown

What's the highest level of education your mother has completed? Middle School GED
 High School AA (2 year degree) BA (4 year degree) Masters Ph.D. Unknown

Do you have any disabilities? (For example any vision, hearing, physical or cognitive disabilities.)
 YES NO If yes, please explain: _____

Why Youth Radio?

1. How did you hear about Youth Radio? (Check all that apply.)

- Friend Please tell us their full name: _____
 Teacher/Counselor School Presentation Website Radio Program Other: _____

2. Have you ever participated in a Youth Radio workshop before? YES NO

If YES, Where? _____ When? _____

3. Why does Youth Radio interest you?

4. What do you hope to learn about at Youth Radio?

5. Do you have previous arts, media or journalism experience? YES NO

If YES, please describe your experience?

6. Which of the following computers and software do you feel comfortable working with? (Check all that apply.) PC MAC Microsoft Word Microsoft Excel Imovie PhotoShop

7. Do you use the Internet? YES NO

If YES you use the internet, how do you use it? (Check all that apply.)

Homework Research Entertainment Web Design Other: _____

8. What types of music do you like?

9. Briefly list a few important topics or current issues that you feel are important to teens, people of your heritage, or yourself.

10. What other organizations do you belong to?

11. Do you have any after-school activities that may prevent you from attending classes at Youth Radio?

12. Are you interested in attending college after high school? YES NO Not Sure

If YES, what colleges are you interested in going to?

13. What are your career goals?

14. Do you think you could benefit from any of the following? (Check all that apply)

academic tutoring time management study skills SAT prep

academic advising mental health counseling

15. Are you receiving any of these services right now, at other organizations?

academic tutoring time management study skills SAT prep

academic advising mental health counseling

16. Please indicate any special accommodations you may require in order to participate?



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 medical services for my child. I give permission to the physician and/or clinician to exercise her/his judgment in providing appropriate medical 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.)

Participant Information

_____	_____	_____	_____
Name of Participant	Telephone Number	Social Security Number	
_____	_____	_____	_____
Address	City	Zip Code	Date of Birth

Parent / guardian Information

_____	_____
Name of Mother / Guardian	Signature
_____	_____
Telephone Number	Email
_____	_____
Name of Father / Guardian	Signature
_____	_____
Telephone Number	Email

Please list any special medical concerns or conditions of which we should be aware: