

For Office
Use Only:
 CalOMS

YOLO COUNTY FNL PARTNERSHIP



HIGH SCHOOL APPLICATION 2016-2017

CHECK ALL PROGRAMS YOU WANT TO BE A PART OF:

FNL MENTOR YOUTH COUNCIL FRIDAY NIGHT LIVE (FNL)

Are you a returning FNL student? YES NO

STUDENT INFORMATION (PRINT):

FIRST NAME: _____ LAST NAME: _____

DO YOU HAVE A NICKNAME YOU LIKE TO BE CALLED? _____

BIRTHDAY: ____/____/____ GENDER: FEMALE MALE OTHER: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE: _____ STUDENT CELL #: _____

STUDENT E-MAIL _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____

HOW MANY BROTHERS AND/OR SISTERS DO YOU HAVE? ____ BROTHERS ____ SISTERS

WHAT IS YOUR FAVORITE COLOR? _____

ETHNICITY: African American American Indian Asian Caucasian
 Latino/a Mixed Race Other _____

SCHOOL INFORMATION (PRINT):

GRADE: 9th 10th 11th 12th GRADE POINT AVERAGE: _____ GRAD YEAR: _____

SCHOOL: _____ CAREER GOAL: _____

WHAT DO YOU ENJOY DOING ON YOUR FREE TIME: _____

CLUBS, SPORTS OR ORGANIZATIONS YOU ARE INVOLVED IN (Ex. Soccer, ASB, 4H, Youth Groups, Church): _____

PARENT/GUARDIAN INFORMATION (PRINT):

PARENT/GUARDIAN NAME(S): _____ RELATIONSHIP _____

PARENT/GUARDIAN CELL #: _____ PARENT/GUARDIAN E-MAIL _____

EMERGENCY CONTACT PERSON: _____ PHONE #: _____

TRANSPORTATION:

Do you need a ride home after Youth Council/FNL/FNL Mentoring for the entire year: Yes No

Do you have a car? No Yes If Yes, Insurance Name: _____ Policy #: _____

PARENT/GUARDIAN MEDICAL & AUDIO/VISUAL RELEASE 2016-2017

MEDICAL CONSENT:

I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in YCFNLP programs. It is understood that Yolo County and its agents, representatives, officers, and any/or all sponsors, their representatives, successors and assigns, directors, sponsors, the staff, workers, and hosts of the sessions provide no medical insurance for such treatment, and that the cost thereof will be at my expense. However, the location of the event or the nature of the illness or injury may require the use of emergency medical personnel.

PLEASE CHECK BOX IF YOU DO NOT CARRY HEALTH INSURANCE

| | |
|--|---|
| STUDENT'S NAME (Print): | |
| DOCTOR'S NAME (Print): | |
| DOCTOR'S TELEPHONE NUMBER: | |
| MEDICAL INSURANCE COVERAGE: | |
| MEDICAL GROUP/POLICY NUMBER: | |
| ALLERGIES/MEDICAL CONDITIONS: | |
| FOOD ALLERGIES (Ex. peanuts, milk etc): | |
| DOES YOUR CHILD TAKE ANY MEDICATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, PLEASE LIST MEDICATIONS: |

AUDIO/VISUAL CONSENT:

I further grant full permission to Yolo County Friday Night Live Partnership and its directors to use audio/visual recording and/or photographs of Yolo County Friday Night Live Partnership sessions, events and activities with my child in them for promotional purposes without receiving any financial return.

I have read and understand this document. I understand it is a release of all claims. I understand I assume all risk inherent in participation in the Yolo County Friday Night Live Partnership programs. I voluntarily sign my name evidencing my acceptance of the above provisions.

I give permission for my photograph to be taken and be used for Yolo County Friday Night Live Partnership promotional purposes.

| | | |
|------------------------------|---------------------------|------|
| Student Name (Print) | Student Signature | / / |
| Parent/Guardian Name (Print) | Parent/Guardian Signature | / / |
| | | Date |
| | | Date |

FNL CONTRACT 2016-2017

Student Name (Print): _____

PLEASE INITIAL:

As part of the Yolo County Friday Night Live Mentoring/Youth Council program(s) I agree to:

- ___ 1. Attend one training session.
- ___ 2. Attend FNL Mentoring sessions once a week for 1 ½ hours (**mentors only**).
- ___ 3. Attend Youth Council meetings as scheduled (**youth council only**).
- ___ 4. Must attend Unlock Your Potential Conference as Youth Council staff in Feb 2017 (**youth council only**).
- ___ 5. Commit to be **alcohol, tobacco, drug and violence-free** for the entire duration of this project.
- ___ 6. Maintain a Grade Point Average (GPA) of a "C" (2.0+) or better. If my GPA is less than a 2.0, it is my responsibility to provide an FNL staff with a progress report from my school.
- ___ 7. I will be a leader and a positive role model at all FNL Mentoring sessions/Youth Council meetings, events, conferences, and trainings etc.
- ___ 8. I understand if I miss 3-5 meetings with unexcused absences, I may be asked to step down.
- ___ 9. I agree to contact a FNL staff member by phone/text or e-mail, before the session/meeting, when I am unable to attend.
- ___ 10. I understand that if I don't attend school or I am suspended on an FNL program day, I cannot come to FNL session or meeting.

T-SHIRT "ADULT" SIZE (Please check one):

SMALL **MEDIUM** **LARGE** **X-LARGE** **2X** **3X**

Your signature below indicates your agreement with the above.

| | | |
|---------------------------------------|------------------------------------|------------------------|
| _____ Student Name (Print) | _____ Student Signature | ____/____/____ Date |
| _____ Parent/Guardian Name (Print) | _____ Parent/Guardian Signature | ____/____/____ Date |

LETTER OF REFERENCE (2016-2017)

STUDENT NAME: _____

SCHOOL NAME: _____

The student listed above is applying to participate in our Friday Night Live programs. Our program uses a team approach and the commitment is for one school year. We request candid opinion, based on your knowledge of this student.

PERSONAL INFORMATION

Relationship to student: Teacher Counselor Priest/Pastor Friend/Co-Worker
Other: _____

Name of Reference Person: _____ Daytime Phone: _____

E-Mail of Reference Person: _____

PREVIOUS EXPERIENCE WITH APPLICANT

How long have you known this student? _____

Do you see this student as a positive role model for young students? If so why?

What do you see as this student's areas of weakness?

How would you rate this student's ability to make and keep commitments?

How would you describe this student's character?

Other comments: _____

Signed: _____ Date: _____

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Signed: _____ Date: _____