



Enrollment Form
(Please Print)

General Information

Date _____
Name _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell _____ Work _____
Date of Birth _____ Social Security Number _____
_____ Male _____ Female

Emergency Contact

Please provide the following information for a person who we may contact in case of emergency.

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell _____ Work _____

If any of the above information changes, you must notify us immediately.

Current Living Status (check all that apply)

I live with:

- one parent
- both parents
- one or more grandparents
- one or more adult relatives
- friends (no adults)
- friends (one or more adults)
- my spouse with an adult relative
- my spouse with a parent(s)
- my spouse and children
- my spouse and no other adult relatives
- my spouse and children and other adult relatives(s)
- I live in a work release program or half-way house
- I live in a homeless shelter
- I am homeless at present
- I live alone
- other (please describe) _____

Marital Status

- Single/ Never Married
- Married/ Living with Spouse
- Married/ Not Living With Spouse
- Divorced
- Widowed

Children

- I have no children
 - I have children
How many? _____
Ages _____
- Do you have custody of all or some of your children?
 yes no
- If no, please explain _____

- Will you need child care to participate in Youth Build?
 yes no

How did you hear about this program?

- Sioux City Journal
- TV
- Other, please describe: _____
- Radio
- Flyer

Why do you want to join our program?

Please explain: _____

Education (please check all that apply)

If you need additional space, please use back of page

- I have a high school diploma
- Dropped out of high school
Reason _____
- Expelled from high school
Reason _____
- I have some college credits
College attended _____

Name of last school attended _____
 Address _____
 Last grade level completed _____

Did you take any shop classes? yes no
 If yes, which classes? _____

Did you complete Drivers Education? yes no
 Do you have a Drivers License? yes no
 Have you participated in any other training program?
 yes no
 If yes, please identify program and dates of attendance

Health

Do you have any health problems? yes no
 If yes, please describe _____

Are you currently taking any medication? yes no
 If yes, please list name(s) _____

If you are female, are you pregnant? yes no
 Are you supposed to wear prescription eyeglasses?
 yes no

Do you wear contact lenses? yes no
 Do you have asthma? yes no
 Do you smoke tobacco? yes no
 Do you currently use alcohol? yes no
 Our building is a non-smoking environment. Can you limit
 your smoking to breaks and lunchtime?
 yes no

Have you been diagnosed with any health conditions that
 might limit your participation in program activities,
 including job-site activities?
 yes no
 If yes, what health condition(s)? _____

What was the date of your last physical exam? _____
 Name and contact information for physician _____

Income

Are you currently employed? yes no
 If yes, where? _____
 What is your rate of pay? _____
 How many hours do you work a week? _____

If no, have you held a job in the last six months?
 yes no
 If yes, where? _____
 What was your rate of pay? _____

Please check the following that is closest to your total household income:

- | | |
|--|--|
| <input type="checkbox"/> \$0-5,000 | <input type="checkbox"/> \$30,001-35,000 |
| <input type="checkbox"/> \$5,001-10,000 | <input type="checkbox"/> \$35,001-40,000 |
| <input type="checkbox"/> \$10,001-15,000 | <input type="checkbox"/> \$40,001-45,000 |
| <input type="checkbox"/> \$15,001-20,000 | <input type="checkbox"/> \$45,001-50,000 |
| <input type="checkbox"/> \$20,001-25,000 | <input type="checkbox"/> Over \$50,000 |
| <input type="checkbox"/> \$25,001-30,000 | |

Do you receive any type of public assistance as a source of
 income? yes no
 If yes, please list all sources of such income _____

Juvenile Court Experience

Have you ever been arrested? yes no
 Have you ever been convicted of a crime? yes no

Are you on probation or parole? yes no
 If yes, please provide the name and phone
 number of your probation/parole officer:

Circuit Court Experience

Have you ever been arrested? yes no
 Have you ever been convicted of a crime? yes no
 Have you ever been convicted of a felony?
 yes no
 if yes, describe the crime(s) and sentence(s):

Are you on probation or parole? yes no
 If yes, please provide the name and phone
 number of your probation/parole officer:

Do you have any outstanding warrants? yes no
 Do you have any upcoming court dates? yes no

NOTICE

Sioux City YouthBuild Program and Goodwill Industries are Drug-Free programs. There is zero tolerance for the use of any and all illegal and/or narcotic drugs. Any use or possession of such drugs on any program sponsored activity will result in your immediate termination from this program and may result in your arrest. Participants in this program will be randomly tested for drug use. Presence of drugs as determined by these tests, may require participants to enroll in drug abuse assistance programs and/or may result in your suspension or termination from the program.

Do you currently use drugs of any type? yes no

Are you aware that this program will have zero tolerance for this type of activity? (see above)
 yes no

Are you aware that there will be random drug testing in this program? (see above)
 yes no

Have you ever been in a drug treatment program? yes no

Applicant Certification

I certify that the information I have furnished on this application is correct and complete to the best of my knowledge and understand that it may be subject to verification.

I understand that misrepresentation, falsification or omission may be considered sufficient cause for rejection or dismissal of the program. In other words, if you lie, you will be thrown out!

Signature

Date

Thank You!



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