



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

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**SCHOOL INFORMATION**

Name of School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

What are your favorite subjects? \_\_\_\_\_

\_\_\_\_\_

What are your hobbies & interests? \_\_\_\_\_

\_\_\_\_\_

Do you participate in any extracurricular activities (e.g. Boy/Girl Scouts, youth programs)? If yes, please explain:

\_\_\_\_\_

What does it mean to you to be a role model or leader? \_\_\_\_\_

\_\_\_\_\_

Why do you want to be a Youth Time to Shine member? \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

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

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

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact's Telephone Number: \_\_\_\_\_

\_\_\_\_ I, \_\_\_\_\_, (Relationship) grant permission to Prevention First staff, and/or Adult Advisors, to transport my child to and from the program and/or activity.

\_\_\_\_ I will allow \_\_\_\_ I will **not** allow my child to be photographed or videotaped by Prevention First during the program. (Photos or videotapes will not be used for reproduction or for sale.)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please hand completed applications to the referring adult or to:**

[kmccarthy@preventionfirst.net](mailto:kmccarthy@preventionfirst.net) or Call (732) 663-1800 x0

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