



Unleashing the Power of Girls to Create a More Vibrant, Healthy and Peaceful World.

Young Women on the Move Application Form

Personal Information:

Name: _____ Date of Birth: _____

Address: _____ Age: _____

City: _____ St. _____ Zip: _____

Your E-Mail address: _____

Your phone number: _____ Parent phone number: _____

Emergency Contact name: _____ Phone: _____

Alternate Contact name: _____ Phone: _____

Who do you live with: () Parent(s) () Guardian () Foster Care () Grand Parent(s) () Other

(please specify): _____

What language is best when speaking with your parent? _____ English _____ Spanish

What is the best way to contact **you**? _____ phone _____ email _____ YWOM facebook

What is the best way to contact your **parent**? _____ phone _____ email _____ personal visit

What time is best to contact your parent? _____ mornings _____ evenings _____ either

Please indicate your ethnicity/Race:

() African American () Hispanic/Latina () Caucasian () Asian () Native American () Other:

(please specify) _____

Education History:

School: _____

Grade: () 6th () 7th () 8th () 9th () 10th () 11th () 12th Grade Point Average: _____

Are you a returning member to Young Women on the Move? _____ yes _____ no

If no, due to space limitations, please describe briefly why you would like to join.

If chosen to participate, would you like to attend in-school sessions, Wednesday after school sessions or both? _____

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

YWOM Staff signature: _____ Date: _____