



# Circular Flow Inc. Youth Application

**Notice to applicant:** We do not discriminate on the basis of an applicant's race, color, religion, sex, nationality, origin, citizenship, age, mental or physical disability or any characteristic protected by state or federal law.

## Personal Information

**Name:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
Street Apt. #

City State Zip code

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

**E-Mail Address:** \_\_\_\_\_

**Sex:** M \_\_\_ F \_\_\_

**Ethnic Identity: (Please check the category that applies to you)**

African American \_\_\_ Arabic \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_

Native American \_\_\_ Other \_\_\_\_\_

## Education/Skill Information

| Schools       | Name | Location | Date Graduated | Special Skills Learned |
|---------------|------|----------|----------------|------------------------|
| Middle School |      |          |                |                        |
| High School   |      |          |                |                        |
| Arts Training |      |          |                |                        |
| Other         |      |          |                |                        |

## Emergency Contact Information

In case of an emergency please contact:

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

Phone number of emergency contact:

Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_\_) \_\_\_\_\_

Please list other possible contact persons in case of emergency:

|    | Name  | Relationship | Phone number |
|----|-------|--------------|--------------|
| 1. | _____ | _____        | _____        |
| 2. | _____ | _____        | _____        |
| 3. | _____ | _____        | _____        |

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_