



Empowering Young Minds

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Youth Services Intake and Enrollment Form

Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____ City/State: _____ Zip Code: _____

Phone: _____ Email: _____

Preferred Method of Contact (Email, Phone, Text): _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Needs for Educational/Career Development (If Applicable): Check all that apply

- ☐ Basic Literacy ☐ Technology Skills ☐ Math ☐ Reading ☐ Writing ☐ College Readiness ☐ FAFSA Application
☐ STEM opportunities ☐ Trade Skills Opportunity

Mentor/Support Needs and Preferences: Check all that apply

- ☐ One-on One ☐ Group ☐ Peer Support ☐ Confidence Building ☐ Communication Improvement
☐ Academic ☐ Leadership Development

Participation and Workshops Availability: Check all that apply

- ☐ Weekdays ☐ Weekends ☐ Mornings ☐ Afternoons ☐ Evenings

Potential Barriers to Participation: Check all that apply

- ☐ Transportation ☐ Technical ☐ Language Barrier

☐ Other: Please explain _____



Consent and Privacy Statement

Consent to Participate:

By signing this form, you voluntarily agree to participate in the services provided by Pennington Gap Inc. Your signature states that you understand the program may involve individualized mentoring sessions, academic support and activities, career counseling, and access to community resources. By signing this form, you acknowledge that participation in the program is voluntary, and you may withdraw at any time by providing oral or written communication to the program staff.

Use of Personal Information:

Pennington Gap Inc is committed to protecting the privacy of all participants. The information provided in this form will be used solely for the purpose of determining eligibility for program services. All information will be kept confidential and will only be shared with program staff, mentors, coordinators, and authorized community partners involved in providing services. Personal information will not be shared with any outside individuals, organizations without consent, except as required by law (e.g., in the event of a safety concern or mandatory reporting obligation).

Sharing Information with Referral Partners:

By signing this form, you understand that requests for referrals to community resources warrant relevant personal information to be shared with these organizations to facilitate the referral process.

Media Release:

Photographs, videos, or testimonials from participants may be used by Pennington Gap Inc for promotional purposes, including social media, websites, and print materials. Participation in media activities is optional and will not affect enrollment or participation in programs and services.

☐ I give consent to the use of photos, videos, or testimonials

☐ I **do not** give consent

Right to Withdraw:

You may withdraw consent for any part of this program and services at any time by contacting the Program Manager and/or Program Coordinator. If services are stopped, Pennington Gap Inc will stop using any data for referral purposes going forward.

Acknowledgement:

I have read and understood this Consent and Privacy Statement. By Signing below, I confirm that I agree to the terms of, and conditions outlined above.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Program Staff Signature: _____ **Date:** _____