

WOWIPU Inc. Intake Form

Empowering At- Risk Youth in low income undeserved communities, one young person at a time!

Personal Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Gender: Male Female Non-Binary Prefer Not to Say

Address: _____

City: _____

Country: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method: Phone Email Text

Emergency Contact Information

Full Name: _____

Relationship to Participant: _____

Phone Number: _____

Educational Information

Current School/Institution: _____

Grade Level/Year: _____

Are you currently enrolled in school/college? Yes No

Do you need assistance with: Staying in school College preparation Tutoring
Scholarships/Financial aid

Service Interest (Please select all that apply)

Mentorship Programs: One-on-One Mentorship Group Mentorship Sisterhood Circles

Educational Support: Tutoring Services Homework Assistance College Preparation

Character-Building Workshops: Leadership Development Communication Skills Conflict Resolution Emotional Intelligence

Community Engagement: Service Projects Volunteer Opportunities Civic Engagement Activities

Additional Services: Health and Wellness Support Career Counseling Other (Please specify): _____

Background Information

What are your current challenges or needs? (Please be specific)

What are your goals and how can WOWIPU help you achieve them?

Referral Information

How did you hear about WOWIPU? School Social Media Community Event Friend/Family Other (Please specify): _____

Additional Information

Do you have any special needs or requirements we should be aware of?

Consent and Agreement I, the undersigned, hereby certify that the information provided on this form is true and correct to the best of my knowledge. I understand that WOWIPU Inc. will use this information to determine my eligibility for services and to tailor programs to my needs.

Signature: _____

Date: ____ / ____ / _____
