

Young Kappa Foundation

My name is: _____

I am _____ years old and my birth date is _____

My Address is: _____

My phone number is: _____

I attend _____ School

My parent / Legal guardian is: _____

Parent / Legal Guardian Phone number/address (if different from mine)

Availability to meet (Days of week & times) _____

Do you require transportation to the events? (Y/N) _____

I have the following health concerns: _____

I have the following physical limitations: _____

I have a police record. (Y / N) If "yes" explain _____

The type of work I like to do:

Yard work: _____

Carpentry: _____

Office: _____

Cleaning: _____

Mechanical / Maintenance: _____

Bagging: _____

Stock room: _____

Production / Plant: _____

Other: _____

Subjects I like in school _____

Subjects with which I would like assistance _____

Things I like to do for fun _____

I would like to be a member of Boyz to Men Because

Signature of Applicant _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____