

OFFICE USE ONLY

Accepted

Fast track

Waitlist

ID#: _____



Date of application ___/___/___

MEMBERSHIP FORM

AS220 YOUTH IS A **FREE** YOUTH ARTS PROGRAM. ONCE YOU FILL OUT THIS FORM AND RETURN IT, SOMEONE WILL CALL TO SCHEDULE YOU FOR ORIENTATION. .

YOUR BASIC INFO

(Please fill out all fields)

First Name: _____ Last Name: _____ Nickname _____

1. Birthdate: ___/___/___ **How Do You Identify ?** Male Female Non- Binary

2. **Ethnicity** American Indian/ Alaskan Native Asian/ Pacific Islander Black/ African American Hispanic/ Latino
 White

3. **Special Services:** Special Needs IEP Limited English Proficiency Free/ Reduced Lunch

4. **School:** Grade: _____ School: _____ GED Program _____

If you are out of school, did you graduate or get your GED? YES NO

Are you or were you at **UCAP student?** (please circle) YES NO

6. **Number of Family Members in Home** 1 2 3 4 _____

YOUR CONTACT INFO

(Please fill out all fields)

Email address: _____ Facebook: _____

Cell phone: _____ Street Address: _____

City: _____ State: _____ ZIP _____

Parent/Guardian/Emergency Contact Info

(Please fill out all all fields)

First Name: _____ Last Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

Email: _____ Street Address: _____

City: _____ State: _____ Zip: _____

First Name: _____ Last Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

Email: _____ Street Address: _____

City: _____ State: _____ Zip: _____

STATE INVOLVEMENT (Your answers will not stop you from becoming an AS220 Youth member! We only ask these questions because we have a partnership with DCYF and we need to know how many of our youth members are or have been in the care and custody of the state.)

1. Are you involved with DCYF? YES NO
2. Were you ever involved with DCYF? YES NO
3. Case Worker Name: _____ Case Worker Phone: _____
4. Are you or were you involved with Juvenile Justice? YES NO
5. Probation Officer Name: _____ Probation Officer Phone: _____

TRANSPORTATION

1. How will your child get to AS220? _____
 2. Does he/she have a bus pass? YES NO
 3. Are there any special instructions related to transportation? _____

- I understand that my child is responsible for his/her transportation to and from AS220 Youth
 My child has permission to leave AS220 independently

PARENT/ GUARDIAN SIGNATURE: X _____

DATE: _____

MEDICAL INFORMATION

1. Primary Doctor: _____ Phone Number: _____
2. Do you have allergies? YES NO
3. If yes, what are they?: _____
4. Do you have an epipen? YES NO

PHOTO/IMAGE RELEASE FORM

AS220 YOUTH is an intensive arts education program dedicated to helping teens increase their creative skills. Our goal is to create educational & entrepreneurial opportunities for YOUTH . While working toward this goal, participants (along with staff, volunteers etc.) are often photographed, filmed, videotaped, audio taped or otherwise recorded to illustrate the activities taking place in the studio. Therefore _____ may be photographed, filmed, videotaped, audio or otherwise recorded while participating in AS220 YOUTH events or while working in the studio. We do use any such images or recordings to promote or support our trainings, educational programs and other activities. Any such image or recording may be included in promotional materials, exhibitions, and fundraising activities. Permission is granted to AS220 YOUTH and its agents to use any image, recordings or likeness in which _____ appears and to use and cite any comment(s) verbal or written made by the undersigned about any AS220 YOUTH program and may use my name in connection with any publication as determined by AS220 YOUTH

STUDENT SIGNATURE: X _____

DATE: _____

PARENT/ GUARDIAN SIGNATURE: X _____

DATE: _____

TELL US ABOUT YOU

Why are you interested in joining to AS220?

- Nothing else to do Part of my school day Interesting Activities To become a better artist
 I want to go to art school I was referred here by a program (probation, residential) A Paycheck
 My friends go here. Who _____
 Other (please explain) _____

Do you have a resume? YES NO

Do you have an artist statement YES NO

What classes are you interested in?

- BEATMAKING AUDIO ENGINEERING DANCE THEATER SPOKEN WORD SCREEN PRINTING PAINTING
 PHOTOGRAPHY GRAPHIC DESIGN VIDEO LIVE BAND SONGWRITING SEWING DRAWING MURALS

HATERATION GETS NO TOLERATION

This is the AS220 YOUTH commitment to respecting and embracing all people. AS220 YOUTH is a safe place where no person or group should be discriminated against for any reason no matter what they bring with them through our doors, this includes varying race, religion, gender identities and perspectives.

All will be treated in a positive manner.

Every member of this community is committed to being respectful of our diversity in our words and actions while engaging in open dialog about these issues. We recognize that we harbor prejudices, but we are dedicated to challenging ourselves against them.

We will not stand for bigotry or oppression.

We stand for embracing celebrating and educating.

WE LOVE WORKING WITH YOU AND HOPEFULLY YOU'LL LOVE WORKING WITH US!

STUDENT SIGNATURE: X _____

DATE: _____



STUDIO RULES

TO KEEP THE STUDIO A FUN, SAFE AND PRODUCTIVE PLACE; WE ASK THAT YOU RESPECT THE FOLLOWING RULES:

IF YOU HAVE A BEEF, LEAVE IT OUTSIDE. Talk to a staff person if you think there are issues between you and other studio members. We can help figure out how you both can be here and be safe.

RESPECT YOURSELF AND OTHER MEMBERS. We all have different opinions and perspectives. Life would be boring if we didn't. Try to do your thing and let others do theirs. Our space is for everyone.

NO STEALING: Please do not steal from the studio, other students or staff members. It is just a matter of respecting everyone in our community.

NO DRUGS OR ALCOHOL. Please do not bring either into the studio. Please do not come to the studio under the influence. The influence of art and music will be enough.

NO WEAPONS. Please do not have any weapons on your person when you are in the studio. If you have something on you, talk to a staff member who can direct you to our lockers.

BREAKING THESE RULES MAY RESULT IN DISCIPLINARY ACTION, WHICH COULD RANGE FROM A CONVERSATION TO SUSPENSION.

STUDENT SIGNATURE: X _____

DATE: _____

FOR PARENTS OR GUARDIANS

Would you like to be placed on our mailing list? (you will receive important updates on showcases, gallery openings and special events).

Yes No Email address _____

Do you have an interest in being connected to the studio in other ways?
Please check off what you would be interested in helping with.

- Volunteer at an event Chaperone a field trip Tutor students/homework help Translation help
 Bring students to visit your place of employment Run a special event (ie: movie, game etc.)
 Teach a class or workshop (please explain) _____
 Other ideas _____

Do you have any special skills that you feel would be helpful to AS220 YOUTH? (please explain) _____

What days of the week are you available (please circle) Mon Tues Wed Thurs Fri

Do you have any suggestions for us?



RISK ASSESSMENT SURVEY: AS220 Youth is dedicated to serving beyond risk and incarcerated youth. This survey helps us assess who needs our services the most however, all youth are invited to become members of our program.

1. Are you or have you ever lived in a group home? YES NO
2. Are you pregnant or parenting? YES NO
3. Do you regularly see a doctor? YES NO
4. Do you regularly see a dentist? YES NO
5. Are you or have you ever been homeless? YES NO
6. Do you come from a single-parent household? YES NO
7. Do you currently have beef with someone else? YES NO
8. Do you feel safe in your neighborhood? YES NO
9. Do you feel safe outside of your neighborhood? YES NO
10. Have you been a victim of violence and/or abuse? YES NO
11. Have you ever suffered from drug/alcohol addiction? YES NO
12. Are you currently attending any other afterschool programs or school clubs? YES NO
13. Do you play organized sports? YES NO
14. Have you ever skipped meals because you did not have enough money? YES NO
15. Are you or have you been involved with juvenile justice system? YES NO
16. Have you ever considered suicide? YES NO
17. What neighborhood do you live in? _____
18. Which best describes where you live: single-family house apartment the projects trailer group home homeless

PARENTAL CONSENT

As undersigned legal parent/guardian hereby grant permission for _____ to participate in all AS220 YOUTH related programs, activities and events. I hereby release AS220 YOUTH, its board of directors, officers, agents, members and affiliates from any and all liability or damage including accidental injury or illness and any unforeseen circumstances arising from above specified child's participation in this program.

In the event that medical treatment is required. I hereby authorize AS220 YOUTH or its designated representatives to obtain the necessary medical treatment for above specified child.

I understand that I am responsible for any costs incurred in the treatment of specified child and the studio. AS220 YOUTH, its board of directors, officers, agents and members and affiliates are not responsible for any medical costs or charges incurred in the treatment of above specified child. I understand that should any emergency procedure, including surgery be required every effort will be made to contact me.

STUDENT SIGNATURE: X _____ **DATE:** _____

PARENT/ GUARDIAN SIGNATURE: X _____ **DATE:** _____

Name of Guardian (please print) _____

Memberships are FREE. Youth are not paid to be at AS220 unless they are accepted into the apprentice program. To apply for the apprentice program, please speak to a staff member.

