# Membership Form

**AS220 Youth is a free youth arts program. Once you fill out this form and return it in person, you're in!**

## Your Basic Info

(Please fill out all fields)

<table>
<thead>
<tr>
<th>Field</th>
<th>Type</th>
<th>Details</th>
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<tbody>
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<td>First Name</td>
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<td>Last Name</td>
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<tr>
<td>Nickname</td>
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<tr>
<td>Birthdate</td>
<td>Date</td>
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<tr>
<td>How Do You Identify?</td>
<td>Selection</td>
<td>Male</td>
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<tr>
<td>Ethnicity</td>
<td>Selection</td>
<td>American/Indian, Alaskan Native</td>
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<tr>
<td>Special Services</td>
<td>Selection</td>
<td>Special Needs</td>
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<tr>
<td>School Grade</td>
<td>Text</td>
<td></td>
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<tr>
<td>School</td>
<td>Text</td>
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<tr>
<td>GED Program</td>
<td>Selection</td>
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<tr>
<td>If you are out of school, did you graduate or get your GED?</td>
<td>Selection</td>
<td>Yes</td>
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<tr>
<td>Are you or were you at UCAP student?</td>
<td>Selection</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of Family Members in Home</td>
<td>Text</td>
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## Your Contact Info

(Please fill out all fields)

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<tbody>
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<td>Facebook</td>
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<td>Cell Phone</td>
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## Parent/Guardian/Emergency Contact Info

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<td>Last Name</td>
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<tr>
<td>Relationship</td>
<td>Text</td>
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<td>Cell Phone</td>
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Parent/Guardian, would you like to be involved with the Youth studio in any other way? Volunteering, tutoring, chaperoning, teaching a class or workshop, run a special event | Selection | Yes | No |

If you checked Yes an AS220 Youth Staff member will be reaching out to you.
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.

PARENT/GUARDIAN SIGNATURE: X ___________________________ DATE: ______________________

MEDICAL INFORMATION

1. Primary Doctor: ____________________________  
   Phone Number: ________________________________

2. Do you have allergies?  
   - [ ] YES  
   - [ ] NO

3. Please write any allergies or medical concerns here:  
   ___________________________________________________________________

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

How did you hear about us? ________________________________________________________________

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:____________________
WAYS OF BEING: TO KEEP THE STUDIO A FUN, SAFE AND PRODUCTIVE PLACE; WE ASK THAT YOU RESPECT THE FOLLOWING GUIDELINES

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.

+ You will be asked to leave if you are under any kind of influence +

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.

BIPOC (Black Indigenous and People of Color)
centered and accessible space

Center the person(s) affected (do not speak for others) and work from your own experiences and identities.

One Mic
One person talks at a time

Don’t Yuck other people’s Yums
Respect others opinions

Land the Plane
Get to the point

Step Up, Step Back
Participate in conversation, but make sure you are giving space for others to join in.

All Forms of Communication Welcome

Be Present and Participate

Acknowledge Discomforts (Oops, Ouch, Educate)

Women and Children Centered Space

Push your growing edge

Be Honest

Struggle Together, there’s no quick fix

STUDENT SIGNATURE: X

DATE: __________________
RISK ASSESSMENT SURVEY: AS22O 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 AS22O YOUTH related programs, activities and events. I hereby release AS22O 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 AS22O YOUTH or is 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. AS22O 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)______________________________________________

youth.as22o.org

401-467-0701 // 115 Empire St. Providence, RI 02903

Facebook: AS22O Youth Studio // Instagram: @as22oyouth // Snapchat: AS22Oyouth