

DATE:

**OFFICE USE ONLY**

Accepted

Fast track

Waitlist

ID#: \_\_\_\_\_



# 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)

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

4. Do you get free/reduced lunch at school?  YES  NO

5. 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?  YES  NO

6. Number of Family Members in Home \_\_\_\_\_

## 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 fields)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_, Cell Phone: \_\_\_\_\_ Other Phone \_\_\_\_\_

Email: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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  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 their 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 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:** 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

## HOUSEHOLD INCOME

Please look at the chart below and CIRCLE the box that matches the # of people in your household AND the income range. If you don't know, please give your best estimate. Note: household includes any persons that live in your residence that are related by blood, adoption, or marriage.

1 PERSON HOUSEHOLD	2 PERSON HOUSEHOLD	3 PERSON HOUSEHOLD	4 PERSON HOUSEHOLD	5 PERSON HOUSEHOLD	6 PERSON HOUSEHOLD	7 PERSON HOUSEHOLD	8 PERSON HOUSEHOLD
\$0 – \$18,300	\$0 – \$20,900	\$0 – \$23,500	\$0 – \$26,200	\$0 – \$30,680	\$0 – \$35,160	\$0 – \$39,640	\$0 – \$44,120
\$18,301 – \$30,450	\$20,901 – \$34,800	\$23,501 – \$39,150	\$26,201 – \$43,500	\$30,681 – \$47,000	\$35,161 – \$50,500	\$39,641 – \$53,950	\$44,121 – \$57,450
\$30,451 – \$48,750	\$34,801 – \$55,700	\$39,151 – \$62,650	\$43,501 – \$69,600	\$47,001 – \$75,200	\$50,501 – \$80,750	\$53,951 – \$86,350	\$57,451 – \$91,900
\$48,751 +	\$55,701 and over	\$62,651 and over	\$69,601 over	\$75,201 and over	\$80,751 and over	\$86,351 and over	\$91,901 and over

>>>>>> ONE MORE THING! FLIP OVER >>>>>>

## 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) \_\_\_\_\_

youth.as220.org

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Facebook: AS220 Youth Studio // Instagram: @as220youth

