MEMBERSHIP FORM

AS220 YOUTH IS A FREE YOUTH ARTS PROGRAM FOR YOUTH 14-21. ONCE YOU FILL OUT THIS FORM PLEASE RETURN IT TO A STAFF MEMBER IN PERSON AND SCHEDULE A TOUR!

IF YOU ARE UNDER THE AGE OF 18 YOU MUST HAVE THIS FORM SIGNED BY A PARENT, GUARDIAN OR SOCIAL WORKER.

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

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:_________________________________________ 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:________________________________________
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 ______________________ appears 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
TELL US ABOUT YOU

Why are you interested in joining 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  ☐ SPOKEN WORD  ☐ SCREEN PRINTING  ☐ PAINTING
☐ PHOTOGRAPHY  ☐ GRAPHIC DESIGN  ☐ VIDEO  ☐ 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?
_____________________________________________________________________________________

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**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

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**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 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. 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.