



## VOYC Participant Information/Interest Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth:  Mother  Father  Other, specify \_\_\_\_\_

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

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Do you speak any languages other than English? If so, which languages?

Have you ever been involved in leadership training before?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

Do you currently or have you recently volunteered in the community?

What is one goal you have set for the future?

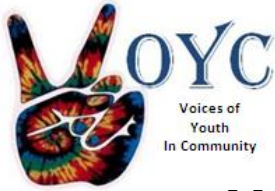
If you could learn something new, what would it be?

What person do you most admire and why?

Please check all activities you are interested in:

- |                                  |                                       |  |                                      |                                   |
|----------------------------------|---------------------------------------|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Biking  | <input type="checkbox"/> Camping      | <input type="checkbox"/> Science         | <input type="checkbox"/> Cooking     | <input type="checkbox"/> Library  |
| <input type="checkbox"/> Hiking  | <input type="checkbox"/> Boating      | <input type="checkbox"/> Music           | <input type="checkbox"/> Sports      | <input type="checkbox"/> Yoga     |
| <input type="checkbox"/> Golf    | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Gardening       | <input type="checkbox"/> Parks       | <input type="checkbox"/> Movies   |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Painting/Photos | <input type="checkbox"/> Board Games | <input type="checkbox"/> Shopping |





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We would like to know what you think about your current skills level and interests. Please read the following skills, and rate yourself on a scale of 1- 5. One is the lowest, five is the highest. You are welcome to add comments in the space provided in each skill area. If you have any questions, please feel free to ask.

| SKILLS |   | SCORE |
|--------|---|-------|
| 1      | Relationship Building   |       |
| 2      | I am able to manage stressful situations in a positive manner |       |
| 3      | I am physically active (sport or active game)                 |       |
| 4      | I generally lead a healthy lifestyle                          |       |
| 5      | I consider myself to be a leader among my peers               |       |
| 6      | I possess positive communication skills                       |       |
| 7      | I possess positive problem solving and decision making skills |       |
| 8      | I possess creative thinking skills                            |       |
| 9      | I am aware of social issues                                   |       |
| 10     | Active member of my community                                 |       |

**Please check off all that apply:**

- My initial contact with the VOYC program has been positive
- I am looking forward to learning new skills
- I am looking forward to meeting the mentors
- I am looking forward to getting involved in community service activities

**We are thrilled that you have decided to be a part of VOYC!** We would like to know why you decided to join and what you would like to accomplish /experience being a member of Voices of Youth in Community.

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