

## Wake County 4-H Youth Development

Youth Leaders in Action Academy – Summer Teen Health Program Application



Youth's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

School 09-10 (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Referral Source:  Parent/Guardian  Juvenile Court/SRO  School  Other

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Does youth have a history of:

Running away  Juvenile Court involvement  Drug/Alcohol Use  Gang Involvement

Notes: \_\_\_\_\_

Is youth physically able to participate in adventure-based programs?  Yes  No  Unsure

Is youth mature enough to discuss adolescent sexual health?  Yes  No  Unsure

Is youth/parent able to get to and from program each day?  Yes  No  Unsure

Please return no later than **May 15, 2009** to Heather Tart, Wake County 4-H Agent at:

Mailing Address: 4001-E Carya Dr. Raleigh, NC 27610

Fax: (919) 250-1097

Email: Heather.tart@co.wake.nc.us