

Year 2 Participant Application
 TELACU/FuturoNow Project Rise

FOR USE BY FUTURONOW PERSONNEL ONLY: _____

1. PARTICIPANT INFORMATION (Please Type or Print Clearly)

| | | |
|--|----------------------------|-------------------------|
| PARTICIPANT NAME: (First, Middle Initial, Last) | | DATE OF BIRTH: |
| ADDRESS: (Number, Street, and Apt or Suite No.) | | AGE: |
| ADDRESS: (City, State, Zip) | | CIRCLE ONE: MALE FEMALE |
| ETHNICITY: | YOUTH CELL PHONE: () - | YOUTH E-MAIL: |
| Does your child have any physical limitations we should know about? YES NO | | Brief Description: |
| Does your child have any food allergies we should know about? YES NO | | Brief Description: |

2. PARENT/GUARDIAN INFORMATION (we will use this contact in case of emergency)

| | | |
|--|-------------------------|-----------------------|
| A. PARENT/GUARDIAN NAME: (First, Middle Initial, Last) | | RELATIONSHIP TO YOUTH |
| PARENT/GUARDIAN CELL PHONE () - | PARENT/GUARDIAN E-MAIL: | |

3. PARENT'S CONSENT and YOUTH ASSENT

Enter participants name below

is invited to participate in the TELACU/FuturoNow Project Rise Teen Intervention Project where he/she will learn relationship skills, that will help him/her with youth development in but not limited to life skills, healthy relationships, dating violence, sexual delay and sexual risk avoidance. This program consists of 8 hours. During that time your youth will be invited to complete questionnaires before and after the program. The questionnaires ask about healthy relationships and what the youth will be learning in the program. Participation in the program and completing the questionnaires is completely voluntary, which means that there are no consequences if your youth does not want to join the program. We will keep the information we collect confidential. We will not use any names on oral or written reports or presentations. This form is the only one that has your information and we will keep it in a locked cabinet, within a locked office in the main offices of TELACU. Nobody except the program manager and project analyst will have access to this form.

If you agree to let your youth participate, please read this statement and sign below.

My signature here means that I give my consent to allow my child/ward to participate in the TELACU/FuturoNow Project Rise Teen Intervention Project in order to learn healthy relationship skills:

| | |
|---|----------------------|
| _____ Parent/Guardian Signature | _____ Date |
|---|----------------------|

PHOTO RELEASE

Sometimes program staff take photos, recordings or films of participants during the program. These photos may be used for program advertisement and/or in presentations or reports. If you agree to have the photo of your youth taken during the program review the statement below and sign.

My signature here means that I authorize TELACU to take a photo, video, or recording of my youth during the program and to use the photo for program marketing purposes, or during presentations or reports.

| | |
|---|----------------------|
| _____ Parent/Guardian Signature | _____ Date |
|---|----------------------|

YOUTH ASSENT

I understand what the TELACU/FuturoNow Project Rise Teen Intervention Project program is about and what to expect if I join in. I also understand that my participation is voluntary and that the program staff will keep my participation confidential. I was given the opportunity to ask any questions about the program. My signature below means that I agree to participate.

| | |
|---|----------------------|
| _____ Participant (Youth) Sign or Type in Full Name | _____ Date |
|---|----------------------|