

YOUTH "ALL" MIGHTY

MEMBERSHIP FORM

Please fill in as much of the form as you are able. We will use this information to add you to our mailing list, get to know your interests, and to inform you of events and activities. *** Information will remain confidential.

Name : _____

Age : _____

Gender : ___ Male ___ Female ___ TransG

Date of Birth : ___ / ___ / ___

Email Address : _____

Permanent Address : _____

City : _____ **State :** _____ **Zip Code :** _____

County : _____

Phone : () _____ - _____

Other Phone : () _____ - _____

What is the best way to contact you ?

_____ Email

_____ Regular Mail

_____ Telephone / Best time to call : ___Morning ___Afternoon ___Evening

Which race / ethnic group do you identify with the MOST?

_____ African American ___Asian/Pacific Islander

_____ European / Caucasian ___ Hispanic / Latin _____ Native American

_____ Other : specify _____

What kind of disability do you have? (Check as many as apply)

Mobility Hearing Visual Learning
 Emotional / Behavioral Developmental Health
 Other : _____

What systems have you been involved in ? (Check all that apply)

Department of Social Services (foster care, child protective services etc.)
 Mental Health (Therapy services, SPOA, Psychiatric services, etc.)
 Developmental Disabilities
 Juvenile Justice (PINS, detention centers, probation, etc.)
 Residential placement (nursing homes, rehab centers, detention centers, OMH facilities, etc.)
 Special Education (ACCES -VR services, have an IEP, etc.)
 Department of Health