

California Youth Connection Membership Form

Chapter: _____

Month & Year I became a CYC Member: _____
MONTH YEAR

Name: _____
FIRST MIDDLE LAST

Address: _____
STREET

CITY STATE ZIP

Phone(s): _____

Email: _____

Birth Date: _____

Emergency Information: (Whom can we contact in case of an emergency?)

Contact Name: _____

Relationship to you: _____

Phone or Pager Number: _____

Please list any known medical conditions or allergies, including food allergies you may have (If none, please write "none." Use back for additional notes if needed):

CYC Interests:

- | | |
|--|---|
| <input type="checkbox"/> Public Speaking, Community Panels, etc. | <input type="checkbox"/> Advisory Board |
| <input type="checkbox"/> Legislative Committee | <input type="checkbox"/> Newsletter Volunteer |
| <input type="checkbox"/> Other _____ | |

Hobbies: _____

The undersigned also agrees to follow your chapter's agreements and has read and understands the Mission of California Youth Connection.

Please Print Your Name _____

Your Signature _____ Date _____

Please check the appropriate boxes.
Information collected on this page will be kept confidential.

How did you hear about CYC?

- At ILSP or ILP From Someone in CYC My CASA
 My Foster parent At my group home My Social Worker
 At a workshop At school Other _____

What is your gender?

- Male Female Transgender
 Other (please explain): _____

What is your ethnicity?

- Asian
 Black/African American
 Latino
 Native American/Native Alaskan
 Pacific Islander
 White
 Multi-ethnic
 Other (please explain): _____

What is your living situation?

- Foster Home Group Home Relative Home
 Living w/ Friend Renting Apartment Dorm
 THPP (transitional housing before emancipation)
 THP (transitional housing after emancipation)
 Homeless Other (please explain): _____

Do you have experience with any of these issues?

- | | | |
|-------------------|------------------------------|-----------------------------|
| LGBTQQ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Homelessness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Immigration | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Juvenile Justice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Primary language(s) spoken:

- English Spanish Cantonese Japanese
 Korean Laotian Mandarin Khmer/Cambodian
 Samoan Tagalog Vietnamese
 Arabic Russian American Sign Language
 Other: _____