



Soboba TANF LEAD Prevention Program Application

Student Information *Please Print Clearly*

School Year: _____

Student Name:	Age:	DOB:
Email:	Phone:	Msg. Phone:
Mailing Address:	Resident Address:	
Tribal Affiliation:	Residing Zip Code:	

Academic Information (Required information)

School Currently Attending:	School Phone:
Current Grade Level:	Current Overall GPA:

What are your academic interests (check all that apply):

English/Writing
 Math
 Biology, Science
 Health, Medicine
 Arts/Theatre/Dance/Music
 History, Political Science
 Other: _____

Extra Curricular Activities (Clubs/Athletics/ school based sports, etc.):

Volunteer Service _____

I am interested in attending college: Yes No Unsure

I would like information on Colleges and Financial Aid. Yes No Unsure

I want to Participate in: College Tours College Days Summer Residential Program

College/Trade School I am interested in: _____

My Career Interest is: _____



LEAD Prevention Services

Program Information (all applicants must complete to be considered):

(Check all that apply)

<p>Culture</p> <input type="checkbox"/> Bird Singing & Dancing <input type="checkbox"/> Language <input type="checkbox"/> Inter-Tribal <input type="checkbox"/> Powwows <input type="checkbox"/> History <input type="checkbox"/> Native Art/Film <input type="checkbox"/> Plant Use <input type="checkbox"/> Oral Storytelling <input type="checkbox"/> Gatherings <input type="checkbox"/> Traditional Crafts	<p>Sports</p> <input type="checkbox"/> Flag Football <input type="checkbox"/> Camps and Clinics <input type="checkbox"/> Basketball <input type="checkbox"/> Wellness Activities <input type="checkbox"/> Softball <input type="checkbox"/> Baseball <input type="checkbox"/> Tournaments <input type="checkbox"/> Track n Field <input type="checkbox"/> Traditional Games <input type="checkbox"/> Soccer <input type="checkbox"/> Inter-Tribal Sports <input type="checkbox"/> Motor Cross
<p>Education</p> <input type="checkbox"/> Tutorial <input type="checkbox"/> GED Classes <input type="checkbox"/> Technology <input type="checkbox"/> College Applications <input type="checkbox"/> Book Club <input type="checkbox"/> Research Skills <input type="checkbox"/> Student Assessments <input type="checkbox"/> Higher Education Prep <input type="checkbox"/> Computer Lab/Classes	<p>Leadership</p> <input type="checkbox"/> Youth Council <input type="checkbox"/> Sovereignty <input type="checkbox"/> Diversion Activities <input type="checkbox"/> Conferences and Workshops <input type="checkbox"/> Parliamentary Procedures <input type="checkbox"/> Tribal Government <input type="checkbox"/> Tribal Teen Nights
<p>Youth Development</p> <input type="checkbox"/> Work Experience (WE LEAD Program) <input type="checkbox"/> UNITY(United National Indian Tribal Youth) <input type="checkbox"/> Summer Youth Academy <input type="checkbox"/> NCAI <input type="checkbox"/> Peer to Peer <input type="checkbox"/> Trainings <input type="checkbox"/> Mentoring <input type="checkbox"/> Leadership <input type="checkbox"/> Community Service	<p>Skills</p> <input type="checkbox"/> Public Speaking <input type="checkbox"/> Money Management <input type="checkbox"/> Interview Experience <input type="checkbox"/> other: _____

Eligibility for these services and related activities will be restricted to individuals and family members who meet “at risk criteria” for the kind of services identified. “At Risk” means engaging in or exposure to behaviors not limited to; out of wedlock pregnancy, alcohol and substance abuse, violence, school dropout, and behavioral problems.” Participants will be given an “At Risk Assessment form” to determine eligibility. I give permission to Soboba TANF and its staff to administer a risk assessment with my child/children in order to determine eligibility for the TANF LEAD program activities. All data collected will be kept confidential.

Permission for Picture and Information Release

I _____ Do / Do Not (check one) hereby grant SOBOBA Tribal TANF permission to use my son(s) daughter(s) and/or my picture/information for their newsletter, website or any other publications in the future.



Name:	DOB:	Social Security:
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Emergency Contact and Medical Information

Parent's/Guardian's Name	Parent's/Guardian's Name
Primary Emergency Contact	Secondary Emergency Contact
() () Home Phone Work Phone	() () Home Phone Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Physician's Name	Phone Number
Insurance Company	Policy Number

Do you require any special accommodations or have any medical conditions? (Disabled access, medical diet, food/other allergies, asthma etc.?) If yes, please describe: _____

Symptoms of allergic reaction, if any? _____

What are your instructions in case of an allergic reaction? _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I give permission for my child to go on field trips. I release Soboba TANF, STTP Employees, contractors and other individuals from liability in case of accident during activities related to Soboba TANF.

I certify under penalty of perjury that all of the above proof information is true and complete. I understand that falsification of any information is grounds for termination from the Tribal TANF program.

Participants Name (Please Print)	Participants Signature	Date
Parent/Guardian Name(Please Print) (if participant is a minor)	Parent/Guardian Signature	Date
TANF Staff Name (Please Print)	TANF Staff Signature	Date



Transportation and Signing out Agreement

I _____, give my son/daughter _____, permission to receive transportation to and from any and all events and programs by the Soboba Tribal TANF staff. I understand that it is also a privilege for my son/daughter to receive these services and failure to adhere to conduct standards may result in suspension of transportation. Transportation provided within a 10-mile radius from the Soboba Tribal TANF Offices.

I _____, r do /r do not give my son/daughter _____, permission to walk home from events/programs provided by Soboba Tribal TANF.

I _____, r do /r do not give my son/daughter _____, permission to ride home with a friend (listed below) from events/programs provided by Soboba Tribal TANF.

List of person(s) my child is allowed to get a ride home with:

Name	Relationship	Phone #

Participant Signature

Date

Parent/Guardian Signature (If participant is a minor)

Date