



<b>Coordinator Use Only</b> Date Received: _____ Application #: _____
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## Youth Application

*Please type or print legibly – To be completed by Parent or Guardian*

Youth's Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Youth's Address: \_\_\_\_\_

Youth's Email Address: \_\_\_\_\_

Name of Youth's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

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

Legal Guardian's Name: \_\_\_\_\_

Legal Guardian's Address: \_\_\_\_\_

Guardian's Work Phone: Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

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

Previous DEFY Attendance Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_

Department of Defense participants **ONLY**:

I certify that I am not subject to PCS orders until \_\_\_\_\_.

By my signature, I agree to make the youth applicant available for the Phase I Summer Leadership Camp and the Phase II School-Year Mentoring Component. I also agree to participate in any and all program measures of effectiveness studies, surveys, and questionnaires to further improve the quality of the DEFY Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date