

**Resource Youth Network Partner
Program Interest Form
Ages 16-24**

Last Name: _____ **First:** _____ **Middle:** _____

Telephone: (____) _____ **Alternate Telephone:** (____) _____

Age: _____ **DOB:** _____ **Sex:** Male Female

Email Address: _____

Select Place of Residence:

- | | | | |
|---|---------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> City of Richmond | <input type="checkbox"/> Charles City | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Goochland |
| <input type="checkbox"/> Hanover | <input type="checkbox"/> Henrico | <input type="checkbox"/> New Kent | <input type="checkbox"/> Powhatan |

Select Program Interests

- Job Training Employment Job Search GED/High School Completion

If you selected job training, what field are you interested in?

Are you currently employed? Yes No If unemployed, number of weeks: _____

Are you:

<input type="checkbox"/> Pregnant/Parenting # of children _____	<input type="checkbox"/> Homeless	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Ex-Offender	<input type="checkbox"/> High School Drop Out
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Do you receive: TANF/VIEW SNAP/Food Stamps Other, explain _____

What is your dream job?

