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**NEIGHBORHOOD LEADERSHIP PROGRAMS**  
*STRENGTHENING LEADERSHIP ACROSS SAINT PAUL NEIGHBORHOODS*

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**YOUTH LEADERSHIP INITIATIVE**

*~ Application ~*

*(Due by 5:00 pm on Wednesday, September 19, 2007)*

**Participant Information**

Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Participant E-Mail \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ In Fall of 2007

*Optional Information*

Ethnic Background \_\_\_\_\_

Communities you are a part of(racial, geographical, cultural) \_\_\_\_\_

Language(s) Spoken: English \_\_\_\_ Hmong \_\_\_\_ Somali \_\_\_\_ Spanish \_\_\_\_ Russian \_\_\_\_

Other: \_\_\_\_\_ (write in the language). Primary Language \_\_\_\_\_

**Parent/Legal Guardian Information**

Adult 1 Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_ Home \_\_\_\_ Work \_\_\_\_

Evening Phone \_\_\_\_\_ Cell \_\_\_\_ Home \_\_\_\_ Work \_\_\_\_

Adult E-mail \_\_\_\_\_ Primary Language Spoken \_\_\_\_\_

I need a translator for English: Yes \_\_\_\_ No \_\_\_\_

Adult 2 Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_ Home \_\_\_\_ Work \_\_\_\_

Evening Phone \_\_\_\_\_ Cell \_\_\_\_ Home \_\_\_\_ Work \_\_\_\_

Adult E-mail \_\_\_\_\_ Primary Language Spoken \_\_\_\_\_

I need a translator for English: Yes \_\_\_\_ No \_\_\_\_

**I would like my child to participate in the YLI program:** \_\_\_\_\_

**Parent Signature Required**

**Date**

*Youth, please complete side two.*

