



# Project Ready Application

## Student Information

Name: \_\_\_\_\_  
  First    MI    Last

Birthdate: \_\_\_\_\_          Age: \_\_\_\_\_          Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
  Apartment # \_\_\_\_\_

City: \_\_\_\_\_          State: \_\_\_\_\_          Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_          Mobile Number: \_\_\_\_\_

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

Do you have transportation to attend meetings/activities?           Yes     No

If yes, type: \_\_\_\_\_

## Guardian Information

Parent /Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
  Apartment # \_\_\_\_\_

City: \_\_\_\_\_          State: \_\_\_\_\_          Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_          Mobile Number: \_\_\_\_\_

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

## Education

What is the highest level of education completed?  
                        \_\_\_6<sup>th</sup> \_\_\_7<sup>th</sup> \_\_\_8<sup>th</sup> \_\_\_9<sup>th</sup> \_\_\_10<sup>th</sup> \_\_\_11<sup>th</sup> \_\_\_12<sup>th</sup>

Name of School: \_\_\_\_\_

## Areas of Interest

Please check three (3) areas of interest

<input type="checkbox"/> Music	<input type="checkbox"/> Dance	<input type="checkbox"/> Basketball	<input type="checkbox"/> Football
<input type="checkbox"/> Volunteerism	<input type="checkbox"/> Community Service	<input type="checkbox"/> Leadership Development	<input type="checkbox"/> Entrepreneurship
Computers	Other: _____	Other: _____	Other: _____

Please answer the following questions:

1. Why would you like to be a Project Ready Member?

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2. What skills and abilities or strengths do you have that would make you a good Project Ready member?

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3. Please describe any previous volunteer and/or community service experience.

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4. What do you plan to do when you graduate from high school?

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**Please read the following statement and sign below:**

I \_\_\_\_\_, hereby agree to be a member of the Project Ready and attend meetings as scheduled. I understand that this is a volunteer commitment and I will not be paid for my services or participation. In addition, I understand that my participation is a privilege not a right. I further understand that transportation will be my responsibility. If I am unable to attend a meeting or activity, I will contact the Project Ready Coordinator or Urban League Staff one day in advance of the meeting or activity.

If I can not continue my membership in the Project Ready Program, I will contact the Urban League as soon as possible. I understand that the Urban League is neither liable nor responsible for any related injuries or accidents during my tenure. I will adhere to all rules and guidelines governed by the agency/organization.

\_\_\_\_\_  
Project Ready Participant Name

Signature of Project Ready Participant \_\_\_\_\_ Date: \_\_\_\_\_

**I give permission for:**

- My child to participate in Urban League of Hampton Roads, Inc. (ULHR) sponsored trips and activities. I understand that ULHR staff will supervise my child.
- My child may be videotaped, photographed, and interviewed for broadcast or publications to promote the Project Ready program. I understand that ULHR will exercise discretion regarding media contact.
- My child will complete all tests and surveys that the ULHR deems necessary in evaluating program effectiveness.

\_\_\_\_\_  
Parent/Guardian Name

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_