



Program Application

Please fax, mail, or bring in your completed application to:
 1550 Bryant Street, Suite 855, San Francisco, CA 94103
 Fax: (415) 252-8884

For more information please visit our website at: www.girlsource.org

Today's Date:

FACTS & FIGURES			
PERSONAL			
First Name		Middle Initial	Last Name
Date of Birth		Social Security Number	Age
Are you fluent in any language besides English? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which one(s)?		What is your race or ethnic background?	
CONTACT INFORMATION			
Street Address			Apt #
City		State	Zip Code
Home Phone	Cell Phone	Email Address	
EDUCATION			
Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? If no, what is the last school you attended?			Grade Level: <input type="checkbox"/> Freshman, 9th <input type="checkbox"/> Sophomore, 10th <input type="checkbox"/> Junior, 11th <input type="checkbox"/> Senior, 12th
WORK EXPERIENCE			
Do you have a job now or have you had a job before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please tell us about your most recent job. Location: What did you do?	
Have you ever worked as part of a team (sports, work, family, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please tell us about it.			
COMPUTER EXPERIENCE			
Do you use computers at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you use computers at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you taken a computer class? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was it about?		What have you done before on the computer? <input type="checkbox"/> Type <input type="checkbox"/> Save and print <input type="checkbox"/> Research on the Internet <input type="checkbox"/> Email <input type="checkbox"/> Make webpages <input type="checkbox"/> Make pictures or edit photos <input type="checkbox"/> Create a mySpace page <input type="checkbox"/> Make music or videos	

IDEAS & OPINIONS

YOUR THOUGHTS

Why are you interested in participating in this program? (please write 3-4 sentences)?

What do you think it means to be a leader?

YOUR OPINIONS

What are some of the problems/challenges that your community faces?

Please check the five issues you consider most important for young women.

- | | | |
|--|--|---|
| <input type="checkbox"/> Safe sex & pregnancy | <input type="checkbox"/> Healthy romantic relationships | <input type="checkbox"/> Freedom of speech |
| <input type="checkbox"/> Eating right and exercise | <input type="checkbox"/> Healthy friendships | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Body image | <input type="checkbox"/> Healthy family relationships | <input type="checkbox"/> Going to college |
| <input type="checkbox"/> Self esteem | <input type="checkbox"/> Being able to take care of yourself | <input type="checkbox"/> Planning your future |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Rape | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dealing with stress / being happy and relaxed | | |

Please pick one of the issues you checked above and tell us why it is important to you and other young women.

How can technology affect your life and the lives of other young women?

HOW DID YOU HEAR ABOUT US?

- From a friend that previously worked at GirlSource.
- Referred by school (which one?): _____
- At an event (which one?): _____
- Online
- Other: (please specify): _____

ACKNOWLEDGEMENT & SIGNATURE

By signing below, I declare that the information contained in this application is true and correct to the best of my knowledge.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

Received by: _____ Date: _____