



Youth Leadership Institute (YLI) Youth Intake Form Youth Information

Name: _____

Address: _____

Age: _____ Gender _____ Grade: _____

Parent/Guardian Information

Last Name _____

First Name: _____

Telephone Home: _____ Cell: _____

Email: _____

Relationship to Youth _____

Youth Interests

- | | | |
|--|---|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Coding | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Dance Photography | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Financial Literacy |
| <input type="checkbox"/> Gardening/Nature | <input type="checkbox"/> Music | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Social Justice | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Video/Filmmaking | <input type="checkbox"/> Writing |