





Reason for leaving:

### Housing and Transportation

Where are you currently residing?

- With Parent(s)
- Rent/Own A Home
- With Relative(s)
- Friend(s)
- Foster or Group Home
- Shelter or Mission
- Treatment Center
- Vehicle/Abandoned Building /Outside

Do you have access to reliable transportation?

- Yes
- No

Do you have children?

- Yes
- No

Are you currently employed?

- Yes
- Full Time
- Part Time
- No

**Note: Answering "yes" to any of the following criminal record questions DOES NOT disqualify you from the YBS Program.**

### Criminal Record

Have you ever been arrested?

- Yes
- No

Have you ever been charged with a crime?

- Yes
- No

Have you ever been convicted of a misdemeanor or felony?

- Yes
- No

Are you on probation or parole?

- Yes

PO Name \_\_\_\_\_ Phone # \_\_\_\_\_

- No

If you answered yes to any of the above questions please explain:

### Health Questions

Do you have any health problems or disabilities that would hinder you from completing the YBS program?

- Yes
- No

If yes please list:



## YouthBuild Shreveport Drug Policy

YouthBuild Shreveport (YBS) complies with the Drug Free Workplace U.S. Code › Title 41 › Subtitle IV › Chapter 81 and is an Alcohol, Drug, Violence free program. You must be drug free to participate in the YBS program. Failure to comply may result in suspension and/or removal from the YBS program.

### Self-Attestation

I hereby certify that this application contains no misrepresentations or falsifications, and that the information given is true and complete to the best of my knowledge. I understand this information will be reviewed and verified. In the event any information in this application is found to be intentionally falsified, by myself or anyone providing information on my behalf, I understand I may be terminated from the program either prior to or after acceptance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian  
(Must sign if under 18 years old)

\_\_\_\_\_  
Date

### RELEASE OF CONFIDENTIAL INFORMATION

I grant permission to YouthBuild Shreveport (YBS) to verify any and all information contained within this application. YBS will also be authorized to exchange pertinent information during the application process with any **health provider, school, social service agency, employers, and youth or criminal justice system** to which I have come into contact, in order to evaluate or assist me. All information gathered by YBS, on my behalf, will remain confidential.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Legal Guardian**  
**(Must sign if under 18 years old)**

\_\_\_\_\_  
**Date**