



Agency code: _____
Staff name: _____
CSC #: _____
Participant #: _____

AKA AKADEMY: _____

Participant Information (Child)

Date: _____ Participant Name: _____
 Male Female T-shirt Size (Youth) _____ / (Adult) _____
 Street Address: _____ Date of Birth: ____/____/____
 City: _____ Zip Code: _____ SS# _____
 Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Current School Status/Grade for 2010-2011 school year (circle one):
 __6__ __7__ __8__ __9__

Race: _____ Chinese _____ Native Hawaiian
 _____ White _____ Filipino _____ Other Asian
 _____ American Indian or Alaska Native _____ Guamanian or Chamorro _____ Other Pacific Islander
 _____ Asian Indian _____ Japanese _____ Samoan
 _____ Asian Unspecified _____ Korean _____ Vietnamese
 _____ Black, African American _____ Multiracial _____ Some other race

Ethnicity: _____ No, Not Spanish/Hispanic/Latino _____ Yes, Other Spanish/Hispanic/Latino
 _____ Yes, Puerto Rican _____ Yes, Mexican, Mexican American, Chicano _____ Yes, Cuban

Foster Child Yes No NA **Student ID #** _____ **Free/Reduced Lunch:** N/A
 Free Reduced Not Eligible
School Consent: Agreed Declined **School Name:** _____
 (Guardian Initials above)

Reason For Participation

Primary – (pick one from list)

Secondary – (pick one from list – only if applicable)

Do not pick same reason as the primary

Activities/Services

Primary – (pick one from list)

Secondary – (pick one from list – only if applicable)

Do not pick same activity/service as the primary

Academic Achievement: the participant is seeking challenging activities that promote, encourage or increase academic achievement.

Character Building: the participant is seeking activities that will assist in their ethical or moral development.

Community Service: the participant wishes to volunteer services or time to a project in their neighborhood or community (the Community is the recipient of the volunteer services).

Leadership: the participant wishes to develop the capacity to guide, direct, or inspire others.

Mentoring: the participant wants to be a mentor or is seeking a mentor. Mentoring is defined as an asset based relationship that provides a child with a caring adult. Mentoring strives to insure that every child who wants a mentor and every adult who wishes to mentor has access to a program. Mentoring should have an appropriate infrastructure for service to support and insure a quality relationship. Mentoring is further defined as having as part of its infrastructure recruitment screening, training, placement, evaluation, supervision, and recognition procedures. (Source: Big Brothers Big Sisters of Pinellas County)

Planning and Decision Making: the participant desires to learn how to plan ahead and make choices.

Positive Family Communication: the participant wants to learn healthy ways to share feelings, talk with, and seek advice or counsel from members of his or her family.

Self Development: the participant needs to engage in activities that will increase self-knowledge or lead to self-actualization.

Social Competence: the participant wishes to learn and enhance the skills that facilitate appropriate behavior in different types of social situations.

Social Contact: the participant enrolls in the program to seek contact with people.

Volunteerism: the participant wishes to volunteer services or time to an agency or program.

Confidentiality Statement: The information provided in this form will be used only for the purpose of statistics and reporting to the Juvenile Welfare Board. This information will not be disseminated to the public and will be treated as confidential by AKA AKAdeMY staff

Agency code: _____

Staff name: _____

CSC #: _____

AKA AKADEMY: _____

Case/Household Application

Date: _____ Parent/Guardian _____ Male ___ Female ___

Street Address: _____ Birth Date: ____/____/____

City: _____ Zip Code: _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

PARENT EMAIL ADDRESS: _____

Referred From: _____

Current Employment Status: _____ Full Time/32 hours or more per week _____ Not working by choice
_____ Part Time/31 hours or less per week _____ Unemployed _____ Disabled _____ Retired

Household	\$0-	\$10,000-	\$20,000-	\$30,000 -	\$40,000 -	\$50,000 & up
Income:	\$9999	\$19,999	\$29,999	\$39,999	\$49,999	

(circle one)

Household Arrangement:

- _____ Dual Parent-Married
- _____ Other-Relative/Kinship Care – Married
- _____ No Dependents – Married
- _____ Single Parent – Female Head of Household
- _____ Dual Parent – Non-Married Female Head of Household
- _____ Other-Relative/Kinship Care – Female Head of Household

- _____ No Dependents – Single Female
- _____ Single Parent - Male Head of Household
- _____ Dual Parent – Non-Married Male Head of Household
- _____ Other-Relative/Kinship Care – Male Head of Household
- _____ No Dependents – Single Male
- _____ Other – Non Relative
- _____ No Dependents – Couple, non-married

_____ Rent Home _____ Own Home _____ Other arrangement

_____ # of Adults In Household

_____ # of Children In Household

GUARDIAN/ADULT SIGNATURE _____ DATE: _____

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*Youth Development Foundation of Pinellas County, Inc.
AKA AKAdemy*

PERMISSION TO PARTICIPATE/RELEASE

I _____, the parent/legal guardian of _____, hereby authorize and given consent for my daughter/son to participate in activities related to the AKA AKADEMY PROGRAM for the 2011-2012 program year. Furthermore, I agree to release and hold harmless the Youth Development Foundation of Pinellas County, Inc., Zeta Upsilon Omega Chapter of Alpha Kappa Alpha Sorority Inc., Eta Rho Services Inc., Eta Rho Chapter of Omega Psi Phi Fraternity and individual members, representatives and agents of the aforementioned organizations. I, the undersigned have read this release and understand its terms.

Signature of Parent/ Legal Guardian

Date

MEDICAL RELEASE

I _____, the parent/legal guardian of _____, authorize the members of the Youth Development Foundation of Pinellas County AKA AKADEMY staff and members of the Zeta Upsilon Omega Chapter of Alpha Kappa Alpha Sorority to take such actions as necessary for the medical care and treatment of my daughter in the event that I or my emergency contact cannot be reached for authorization. Additionally, I agree to accept responsibility for all costs and expenses incurred for any and all medical services that may be provided.

Signature of Parent/Legal Guardian

Date

Name of Emergency Contact/ Relationship

Phone Number/Cell

List health issues/illnesses or allergies which we should be aware of:

PHOTO/MEDIA/TELEVISION RELEASE

I _____, parent/legal guardian hereby release and consent that photographs that are taken during the course of AKA AKADEMY activities shall become the property of the Youth Development Foundation including without limitation the exclusive right to publish, display, reproduce and distribute the image in all forms or media now known or hereafter developed.

Signature of Parent/Legal Guardian

Date

PARTICIPANT STATEMENT

I _____, understand that I must abide by all rules of the AKA AKAdemy.

Participant Signature

Date

AKAdemy *healthy kids* Survey

Pre-Test

NAME OR ID: _____ DATE: _____

Please mark on your answer sheet how you feel about each of the following statements.

How true do you feel these statements are about you personally?

	Not At All True	A Little True	Pretty Much True	Very Much True
B1. I have goals and plans for the future.	A	B	C	D
B2. I plan to graduate from high school.	A	B	C	D
B3. I plan to go to college or some other school after high school.	A	B	C	D
B4. I know where to go for help with a problem.	A	B	C	D
B5. I try to work out problems by talking or writing about them.	A	B	C	D
B6. I can work out my problems.	A	B	C	D
B7. I can do most things if I try.	A	B	C	D
B8. I can work with someone who has different opinions than mine.	A	B	C	D
B9. There are many things that I do well.	A	B	C	D
B10. I feel bad when someone gets their feelings hurt.	A	B	C	D
B11. I try to understand what other people go through.	A	B	C	D
B12. When I need help, I find someone to talk with.	A	B	C	D
B13. I enjoy working together with other students my age.	A	B	C	D
B14. I stand up for myself without putting others down.	A	B	C	D
B15. I try to understand how other people feel and think.	A	B	C	D
B16. There is a purpose to my life.	A	B	C	D
B17. I understand my moods and feelings.	A	B	C	D
B18. I understand why I do what I do.	A	B	C	D

How true are these statements about your FRIENDS?

I have a friend about my own age...

	Not At All True	A Little True	Pretty Much True	Very Much True
B19. who really cares about me.	A	B	C	D
B20. who talks with me about my problems.	A	B	C	D
B21. who helps me when I'm having a hard time.	A	B	C	D

AKAdemy *healthy kids* Survey

Pre-Test

NAME OR ID: _____ DATE: _____

Please mark on your answer sheet how you feel about each of the following statements.

My friends...

	Not At All True	A Little True	Pretty Much True	Very Much True
B22. get into a lot of trouble.	A	B	C	D
B23. try to do what is right.	A	B	C	D
B24. do well in school.	A	B	C	D

How true are these statements about your HOME or the ADULTS WITH WHOM YOU LIVE?

In my home, there is a parent or some other adult...

	Not At All True	A Little True	Pretty Much True	Very Much True
B25. who expects me to follow the rules.	A	B	C	D
B26. who is interested in my school work.	A	B	C	D
B27. who believes that I will be a success.	A	B	C	D
B28. who talks with me about my problems.	A	B	C	D
B29. who always wants me to do my best.	A	B	C	D
B30. who listens to me when I have something to say.	A	B	C	D

At home...

	Not At All True	A Little True	Pretty Much True	Very Much True
B31. I do fun things or go fun places with my parents or other adults.	A	B	C	D
B32. I do things that make a difference.	A	B	C	D
B33. I help make decisions with my family.	A	B	C	D

AKAdemy *healthy kids* Survey

Pre-Test

NAME OR ID: _____ DATE: _____

Next, please mark on your answer sheet how TRUE you feel each of the following statements are about your SCHOOL and things you might do there.

How strongly do you agree or disagree with the following statements about your school?

	Not At All True	A Little True	Pretty Much True	Very Much True
B34. I feel close to people at this school.	A	B	C	D
B35. I am happy to be at this school.	A	B	C	D
B36. I feel like I am part of this school.	A	B	C	D
B37. The teachers at this school treat students fairly.	A	B	C	D
B38. I feel safe in my school.	A	B	C	D

At my school, there is a teacher or some other adult...

	Not At All True	A Little True	Pretty Much True	Very Much True
B39. who really cares about me.	A	B	C	D
B40. who tells me when I do a good job.	A	B	C	D
B41. who notices when I'm not there.	A	B	C	D
B42. who always wants me to do my best.	A	B	C	D
B43. who listens to me when I have something to say.	A	B	C	D
B44. who believes that I will be a success.	A	B	C	D

At school,...

	Not At All True	A Little True	Pretty Much True	Very Much True
B45. I do interesting activities.	A	B	C	D
B46. I help decide things like class activities or rules.	A	B	C	D
B47. I do things that make a difference.	A	B	C	D

Thank you for taking the Survey!