



**Motivated Youth Believing In All Self-Empowerment 2015-2016
APPLICATION**

This form must be filled out neatly, completely and in blue or black ink, or it will not be accepted. Thank you!

- 14 – 18 Years (In School) 14 – 18 Years (Out of School) 19 – 21 Years (In School) 19 – 21 Years (Out of School)

Today's Date: _____

INFORMATION (Please print neatly)

Last Name: _____ First Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender [] ~ Male // [] ~ Female Date of Birth: ____ / ____ / ____ Age: ____

School Currently Enrolled (If applicable): _____

Grade: _____ Ethnicity (optional): _____

(14 – 17) Parent/Guardian: _____ Phone: _____

Email: _____

(18 – 21) Emergency Contact: _____ Phone: _____

Email: _____

Do you have working papers (for applicants 14 – 17 years old)? _____

Questionnaire:

How did you hear about MY BASE? _____

Why are interested in being selected to participate in MY BASE?

What does “**public service**” or “**civic engagement**” mean to you?



Identify 3 critical issues facing youth/ young people in Central Brooklyn?

1. _____
2. _____
3. _____

What would you like to change in your community and why?

Name one ADULT who has been a major influence in your life and explain why?

Identify one of your strengths and one personal challenge/obstacle?

Identify one community leader in Brooklyn you would like to meet?

Are you available to attend meetings 2 – 3 times a month on Tuesdays, and, at least, 1 Saturday from October 20th, 2015 – June 2016? _____

The Bedford Stuyvesant YES Task Force's MY BASE, under the auspices of Bridge Street Development Corporation, will offer a stipend, up to \$100 a month, to participants who regularly attend required meetings and events. Participants will also be eligible for incentives based on successful completion of tasks and projects. Unexcused absences will result in immediate termination from the program. Upon completion of the program in June, participants will be eligible for a 6 – 8 week paid internship based on availability of funding. By signing below, I acknowledge that I am aware of the expectations of the Youth Advisory Council. Return to Oma Holloway.

Signature: _____

For Office Use Only: Date Received _____ **Accepted:** ___ Yes ___ No
Note: _____