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| First Name: | Last Name: | Date of Birth: |
| CONTACT INFORMATION | <i>Phone:</i> _____ | <i>Best way to contact: (check all that apply)</i> <input type="checkbox"/> Call <input type="checkbox"/> Facebook <input type="checkbox"/> Text <input type="checkbox"/> Email |
| | <i>Email:</i> _____ | |
| | <i>Street Address:</i> _____ | |
| | <i>City:</i> _____ | |
| | <i>Age:</i> _____ | <i>Zip Code (required):</i> _____ |
| DEMOGRAPHIC INFORMATION | <i>Gender:</i> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Agender or gender non-conforming | <i>Preferred Pronoun:</i> _____ <i>Race:</i> <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other |
| | <i>Please complete the option that best describes your situation:</i> <input type="checkbox"/> I am currently attending _____ school. (fill in name) <input type="checkbox"/> I am not in school, I last attended _____ school in _____ (year) | |
| EDUCATION INFORMATION | <i>What is the last grade you attended?</i> 7 th 8 th 9 th 10 th 11 th 12 th Some college | |
| | <i>What barriers to education/employment do you face? (check all that apply)</i> <input type="checkbox"/> Dropped out of school <input type="checkbox"/> Limited English Ability <input type="checkbox"/> Health/Mental Health Problems <input type="checkbox"/> Alcohol/Drug Abuse <input type="checkbox"/> Behind in Credits <input type="checkbox"/> Disability (Learning or Physical) <input type="checkbox"/> Gang Involved <input type="checkbox"/> Homelessness <input type="checkbox"/> Justice System/ Courts <input type="checkbox"/> Refugee or Immigrant <input type="checkbox"/> Transportation <input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> Other (please explain) _____ | <i>Highest credential earned, if any:</i> GED HS Diploma AA BA |
| EMPLOYMENT INFORMATION | Are you working? YES NO Are you looking for work? YES NO <u>If looking for work, check all that apply:</u> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Internship | |

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| HOW DID YOU HEAR ABOUT THE PROGRAM? | <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> JJ System/ Courts <input type="checkbox"/> Family/Friends <input type="checkbox"/> Call List <input type="checkbox"/> Office Hours <input type="checkbox"/> Other Media <input type="checkbox"/> Door to Door <input type="checkbox"/> Events/ Tabling <input type="checkbox"/> Truancy/BECCA Coordinator <input type="checkbox"/> Re-engagement Partner/Program Other: <i>(please explain)</i> : _____ |
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By signing this form, I consent to receiving information and resources regarding education and employment. I authorize the exchange of information between King County Employment and Education Resources and any school district, school, re-engagement center, employment training, or postsecondary program that I have been enrolled in or wish to enroll in. I give permission to King County Employment and Education Resources for the use of my name and likeness in public displays or media releases for the purpose of building community awareness and promotion of Reconnect to Opportunity.

Signature: _____ Date: _____

Parent/ Guardian Name & Signature (if under 18 years):

_____ Date: _____