

${\bf Application/Authorization/Release\ of\ information}$

Richland County Youth and Family Council

Ties for Guys

Youth referred by:		
Date:		
Ties for Guys "dressing days" will take place December 4 th and December 11 th , between 12-5. Date/time will be selected for the youth. You will be notified by November 22 nd if you were selected to be a part of this initiative.		
Name of Youth:		
School District/grade (must be 12 th grade)		
Date of Birth:		
Phone number/email of youth/Best contact:		
Name of Parent/Guardian:		
Phone number/email of Parent/Guardian:		

two following exclusionary criteria):
nmit act(s) of violence der the influence of drugs/alcohol
al that you read and understand the exclusionary criteria: Parent: Youth:
dvised that your child may be photographed after clothing has been selected. This media r on our website, social media and/or shared with Richland County Youth and Family nelp support future funding.
ermission for my child to be photographed and/or to appear on video.
give permission for my child to be photographed or to appear on video.
answer the following questions and complete a short
o be entered to be a part of this initiative.
participate in any extracurricular activities at school or in the community (band, sports, bo scouts, etc.)? If so, what activities? (answered by youth)
employed at this time? If so, what type of work do you do? (answered by youth)
free time, what do you enjoy doing (reading, cooking, drawing, fishing, etc.)? (answered by
you consider to be a major problem for youth in this community (bullying, violence,

Exclusionary Criteria: (The youth will be immediately excused from the dressing day if they meet one or

5) Thinking past high school, what are your goals? What have you done, to help support those goals?	and what are you doing now
Please use 3-5 personal developmental assets to write a paragraph:	
Why do you want to be selected to receive interview/employment attir	
I,, Parent/legal guardian for participate in the Ties for Guys initiative. This authorization shall expire date.	
Youth signature:	
Youth printed name:	Date:
Parent/Guardian Signature:	
Parent Printed name:	Date:

FULLY completed form needs to be returned by November 20th. Please scan/email- fully completed form to michelle.miller2@jfs.ohio.gov or call 419-774-5442 to schedule a time to drop off form. Incomplete forms will not be addressed.