



Teen Leadership Foundation Launch Pad Application

Personal Information

Name: _____ Male or Female _____ Cell: _____
Last Name First Name Nickname

Birthdate: _____ Age: _____ High School Diploma: _____

Address: _____
Street City State Zip

Emergency Contact Info (cannot be a social worker or case worker. This should be a CASA or mentor of 2+ years)

* Please note this person will be contacted prior to you being accepted to the Launch Pad

*This person may also be contacted in the case of immediate dismissal.

Name Phone Email

References (must be a pastor, church associate, employer, school teacher, foster parent, group home staff, etc. MAY NOT be a social worker, mentor, CASA or friend)

1. _____
Last Name First Name Phone Number

2. _____
3. Last Name First Name Phone Number

4. _____
Last Name First Name Phone Number

Social Worker Information _____ None

Name: _____ Email: _____

Address: _____
Street City State Zip

Work Phone: _____ Cell Phone: _____ (required)



THE LAUNCH PAD

A DIVISION OF TEEN LEADERSHIP FOUNDATION

To be filled out by social worker:

Please tell us about outside relationships he/she may have with relatives, mentors, CASA's etc..?

Please tell us from your eyes the strengths and weaknesses of the applicant?

To be filled out by the young adult:

In your eyes why do you want to live at The Launch Pad?

Why would you like to learn during your time at The Launch Pad?

What are your 6 month, 1 year and 3 year goals? How does moving into the Launch Pad help you accomplish those?



Where are you currently living?

How do you feel about having a curfew and other mandatory obligations?

Are you currently in therapy? Yes | No

Do you have a valid drivers license? Yes | No

Do you have a car? Yes | No

Do you have your GED? Yes | No

Are you working and/or in school? If so, where? If not, what is holding you back and what would you like to achieve?

Tell us about your hopes, dreams and fears:



What are your hobbies, likes and dislikes:

What do you do in your spare time?

Walk us through a typical day in your life:

Tell us about your friends:

Have you ever lived on your own

Yes | No

Have you ever had roommates?

Yes | No

If so, how did that go?



Have you ever been arrested or jailed?
If yes, what were you arrested for?

Yes | No

Are you a registered sex offender?

Yes | No

Have you been pregnant in the last 9 months?

Yes | No

Do you have any children?

Yes | No

Are you paying or receiving any type of child support?

Yes | No

Are you receiving any type of public assistance?

Yes | No

If yes, what type of public assistance are you receiving?



Consent and Agreement Form

I hereby release, forever discharge, and agree to hold harmless Teen Leadership Foundation, *dba Launch Pad* its directors, employees and volunteers, from any all liability claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the above named. The undersigned further agrees to hold harmless and indemnify Teen Leadership Foundation, *dba Launch Pad* its directors, employees, or volunteers, for any liability sustained by the organization as the result of the negligent, willful or intentional acts of the above name young adult, including expenses incurred attendant thereto.

I release Teen Leadership Foundation, *dba Launch Pad* from any medical injuries that may occur while in Teen Leadership Foundation, *dba Launch Pad* program.

I understand that all information provided will be considered confidential within the agency's limits of the law. However, California law does require that all professionals who work with families and children under the age of 18 report known and suspected incidents of child abuse, as well as threats of harm to oneself or others.

I understand that all information obtained through the application process is the sole property of Teen Leadership Foundation *dba Launch Pad*

I understand the information obtained during the interview process may be shared with Teen Leadership Foundation, *dba Launch Pad* directors, employees and volunteers, as a means to familiarize them with the applicant.

My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information contained in this consent and agreement form is true and correct

Signature

Date

Photography release:

I give my consent that photograph's, and audio/video recordings during the course of my stay at Teen Leadership Foundation, *dba Launch Pad* for training, promotion, and fundraising.

Signature

Date