

# BLOCS Youth Development Certificate

## APPLICATION



*Please print or type*

Name: \_\_\_\_\_  
First Middle Last Preferred Name

Mailing Address: \_\_\_\_\_  
City County State Zip Code

Preferred Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age Range: 18-24  25-34  35-44  45-54  55 or over

Gender: Male  Female

Where do you work? \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

What is your current title? \_\_\_\_\_

Do you have a degree? No  Yes

If yes, from where and describe:

\_\_\_\_\_  
College City State Dates Attended

Starting Date for the Youth Development Certificate Program:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please select one or more of the following racial categories to describe yourself:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Citizenship Status: Are you a US Citizen?

- Yes
- No

If not a US citizen, are you a permanent resident alien of the US?

- Yes Resident Alien Number \_\_\_\_\_
- No

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### Military Status

- Active Military
- National Guard
- Active Reservist
- Inactive Reservist
- None

Unless otherwise indicated, all information on this form must be complete and accurate. Withholding or providing false information may make you ineligible for admission or enrollment into the Youth Development Certificate Program through BLOCS.

Although there is not an application fee, upon signing this you acknowledge responsibility for attending trainings and completing sixty seat hours within two years.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_