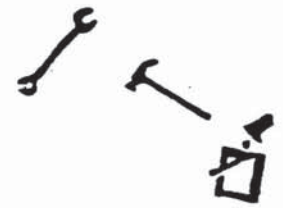




Teens-on-Call / TEENFORCE
 Hui Workforce Development
 Project Based Work Skills Training Program



INTAKE FORM

Date: _____

Given by: _____

PARTICIPANT INFORMATION

Participant's Name: _____ Age: _____

Address: _____ Birthdate: _____

Social Security No.: _____ Phone No.: _____

School Attending: _____ Pager/Cell No.: _____

(If not attending any school, please share why not.)

Check the appropriate boxes:

Gender: Male Female Marital Status: Single Married Other

Ethnicity: Hawaiian/Part Hawaiian Hispanic Citizenship: US Citizen

Caucasian Japanese Immigrant

Filipino Portuguese _____

Pacific Islander Black American

Other Mixed

Who do you live with: Parent(s) Family Member Foster Parent Other

Name of Legal Guardian(s) _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Total Household Size (excluding pets!): _____

Where did you hear about TEENS-ON-CALL work experience training program?

The Teens-On-Call Work Experience Training Program complies with Hawaii State Child Labor Law (Hawaii Revised Statutes Chapter 390, Subchapter 4, Chapter 25 of Title 12) and is authorized by title 12, Chapter 25, Provision 43, Subsection C, Paragraphs 2 and 3 pertaining to "vocational and on-the-job training programs." Participating students are paid an "educational stipend" as compensation for successful involvement with work training assignments of an intermittent nature and upon student completion of a daily training evaluation and stipend receipt form.

EMERGENCY INFORMATION

In case of emergency:

Contact Person: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Participant's Medical History

Any Medical Restrictions: _____

Allergies (Food or Drug): _____

Special Medication or Pertinent Information: _____

Parent / Legal Guardian Consent

I, _____, the undersigned parent or legal guardian of the above-named child, do hereby give my consent for Teens-On-Call Work Experience Training Program staff to take appropriate action for the safety and welfare of my child. This consent includes emergency medical or dental treatment for this child by any licensed physician or dentist while under the care of said program and for the transport of this child to and from the source of emergency treatment. This care may include examinations and any tests which, in the opinion of the physician or dentist, are deemed necessary or advisable.

I shall exonerate and hold harmless Teens-On-Call and/or Sponsors from and against any and all liability for losses and/or expenses of whatsoever kind or nature (including all such losses caused through unavoidable means which may sustain or incur by reason of the Teens-On-Call Program.

I also give permission to call an ambulance for assistance in care for this child should it be deemed necessary by staff.

This consent is valid for as long as the child remains with the said program. The purpose of this consent has been explained to me.

Signature of Parent/Legal Guardian Relationship to Child Date

Signature of Witness/Agency Representative Date