

**Intergenerational Youth Digital Program Participant Application**

PERSONAL INFORMATION			
Name <i>(First   Last)</i>		Age	Gender
Home Address			
City		State	Zip Code
Primary Contact Number	Home _____ Cell _____		
Ethnicity <input type="radio"/> African American <input type="radio"/> Arab American <input type="radio"/> Asian American <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Multiracial <input type="radio"/> I do not wish to answer.			Date of Birth (dd/mm/yy)
Email		Other Language that you speak 1) _____ 3) _____ 2) _____ 4) _____	
PARENT(S)/GUARDIAN(S) INFORMATION			
Name(s) of Parent(s)/Guardian(s):	Name <i>(First   Last)</i>		
Address(es) of Parent(s)/Guardian(s):			
Parent(s)/Guardian(s) Phone Number(s):	Home	Cell	Work
Parent(s)/Guardian(s) Email Address			
EDUCATION			
Name of High School (Current)			Grade
Expected Year of Graduation	Interests & Extracurricular Activities		
WORK/VOLUNTEER EXPERIENCE			
Please list your previous work and/or volunteer experience. Start with the most recent.			
Employer Name	Position	Dates Employed Month/Year	Contact Number
1)			
2)			
3)			

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TECHNOLOGY	
Have you ever TAKEN any technology course or training before? <input type="radio"/> YES <input type="radio"/> NO	
Course Name 1) _____ 2) _____	School Name _____ _____
Do you have a computer at home? <input type="radio"/> YES <input type="radio"/> NO	
Do you have Internet access at home? <input type="radio"/> YES <input type="radio"/> NO	
How often do you use a computer? <input type="radio"/> Daily <input type="radio"/> 3 times/week <input type="radio"/> once/week <input type="radio"/> Not at all	
How often do you surf the web? <input type="radio"/> Daily <input type="radio"/> 3 times/week <input type="radio"/> once/week <input type="radio"/> Not at all	
How often do you use social media? <input type="radio"/> Daily <input type="radio"/> 3 times/week <input type="radio"/> once/week <input type="radio"/> Not at all	
Please arrange your frequency of social media usage from the most (1) to the least(6) or write N/A if you do not use it. ___Facebook ___Twitter ___Instagram ___Snapchat ___Google+ ___Youtube ___Weibo ___Other_____	
Please indicate levels of your specific program/application skills.	
1. Window System	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Not at all
2. Internet (Researching)	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Not at all
3. Email (Outlook)	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Not at all
4. Microsoft Word	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Not at all
5. Microsoft Excel	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Not at all
6. Microsoft PowerPoint	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Not at all
7. Photoshop	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Not at all
8. Illustration	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Not at all
9. Video Editing	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Not at all
10. Other_____	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Not at all
SHORT QUESTIONS	
Please describe a situation or experience where you have been a teacher to someone:	
As a leader, what are your strengths and challenges?	
<b>Strengths:</b>	
1) _____	
2) _____	
3) _____	
<b>Challenges:</b>	
1) _____	
2) _____	
3) _____	

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**SHORT QUESTIONS (CONTINUE)**

What are your future goals?

The Youth Leadership & Technology program is an exciting technology initiative that connects youth with others in their local neighborhood to promote technology awareness and adoption. Please share why you want to be part of this program and what you want to learn as a program participant.

**Please sign and print to verify that all information stated is correct.**

(SIGN) \_\_\_\_\_ (PRINT) \_\_\_\_\_  
 Youth Leadership & Technology Program (Student) Date \_\_\_\_\_

(SIGN) \_\_\_\_\_ (PRINT) \_\_\_\_\_  
 Parent/Guardian of Youth Leadership & Technology Program Student Date \_\_\_\_\_  
 If under 18 years of age

**Please submit your completed form to John at [johnn@selfhelpelderly.org](mailto:johnn@selfhelpelderly.org) or Kammy at [kammyk@self-helpelderly.org](mailto:kammyk@self-helpelderly.org). If you have questions, please feel free to give us a call, John ( 415-677-7599 ENG/Tiếng Việt) or Kammy (415-677-7594 ENG/粵語/國語).**

