



TRUE GIRLS INCORPORATED  
COURAGEOUS • CONFIDENT • CONNECTED

# Membership Application

Youth must be between the ages of 13-23

Members are expected to attend weekly life skill classes, monthly check-ins, and be an active participant in our program.  
Parent/Guardian will ensure member is able to attend and arrange appropriate transportation

## Parent/Guardian #1 (Head of Household):

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

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

◆ Employer: \_\_\_\_\_

## Parent/Guardian #2:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

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

◆ Employer: \_\_\_\_\_

## Household Information

◆ Family Setting:  Both Parents  Mother Only  Father Only  Foster Parents  Legal Guardian  Other Family

◆ Family Size: \_\_\_\_\_

◆ Primary Language: \_\_\_\_\_

◆ Siblings: \_\_\_\_\_

## New Member Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Ethnicity:

- African American  Asian  Caucasian  Indian  
 Latino  Native American  Pacific Islander  2/More Races  
 Other

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_

## NEW MEMBER QUESTIONNAIRE

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1. Why do you think you'd like to join our organization?  
\_\_\_\_\_
2. What do you value in individuals (humor, compassion, honesty, faith)?  
\_\_\_\_\_
3. What are some of your strengths?  
\_\_\_\_\_
4. What are some areas that you find difficult (feelings, personal health, relationships, school, work,ect.)?  
\_\_\_\_\_
5. What types of activities would you like to see from our program?  
\_\_\_\_\_
6. What hobbies or interests do you have?  
\_\_\_\_\_
7. How would you describe yourself?  
\_\_\_\_\_
8. How do you think friends and family members would describe you?  
\_\_\_\_\_
9. What is one dream you would like to make come true?  
\_\_\_\_\_
10. What careers are you interested in?  
\_\_\_\_\_
11. Do you have any fears, triggers, and/or sensitive topics that you want to inform us about?  
\_\_\_\_\_
13. Is there anything else you'd like to share with us?  
\_\_\_\_\_  
\_\_\_\_\_

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**"Your truth shouldn't hide you away use it to speak up,  
empower others, stand tall and know  
you are stronger than you know"-Shelby Barfield (Founder/CEO)**

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**◆ Emergency Contact #1:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized to pickup member:  YES  NO

Phone Number: \_\_\_\_\_

**◆ Emergency Contact #2:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized to pickup member:  YES  NO

Phone Number: \_\_\_\_\_

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**◆ Required Consents**

**PHOTO & IMAGE RELEASE:** I acknowledge that True Girls Incorporated and/or its sponsors may use and print digital photographs as well as video of the children/youth named on this application for internal and external use. Pictures or videos of Members taken involving True Girls Incorporated programs or activities used for promotion are the property of True Girls Incorporated. I consent to such uses and hereby waive all rights of compensation.

 YES or  NO \_\_\_\_\_ Initials

**ACADEMIC RELEASE:** I grant True Girls Incorporated my permission to access my children/youth's school records, including attendance, behavior, grades, transcripts and standardized test scores; to speak with teachers, counselors, school administrators and educational partners in order to obtain and exchange information as part of the Academic Success services provided by True Girls Incorporated. I understand that True Girls Incorporated may share information about the children/youth listed on this application with the school districts for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to True Girls Incorporated and school districts may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by True Girls Incorporated, including data collected via surveys or questionnaires. All information provided will be kept confidential.

 YES or  NO \_\_\_\_\_ Initials

**OPEN DOOR POLICY:** True Girls Incorporated is NOT a licensed day care provider. We strongly encourage members to stay inside the building where there is supervision; however we emphasize that we maintain an 'Open Door Policy'. It is the parent's responsibility to instruct their children/youth as to whether or not they are allowed to leave the supervised areas.

\_\_\_\_\_ Initials

**MEDICAL EMERGENCY AUTHORIZATION:** In the event of a medical emergency involving my children/youth during a any True Girls Incorporated sponsored activity, I understand True Girls Incorporated will notify me, the parent/guardian as soon as possible. If parent/guardian cannot be located and the children/youth are in need of immediate medical attention, I authorize True Girls Incorporated staff to act as my agent to consent to appropriate medical attention.

\_\_\_\_\_ Initials

**CONSENT TO SURVEY:** I grant my permission for my children/youth to participate in individual, group and Internet surveys used specifically for the purpose of evaluating the impact of True Girls Incorporated.

 YES or  NO \_\_\_\_\_ Initials**TRANSPORTATION RELEASE:**

I recognize and acknowledge that True Girls Incorporated is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers and I voluntarily agree to assume the full risk of any injuries, damages, or loss regardless of severity, that my youth/child my sustain and as a result of participating in any and all activities connected with or associated with receiving transportation services, including but not limited to injuries, damages, and loss arising out of maintenance, operation or supervision of the vehicle, I further agree to waive and relinquish all claims I may have (or accrue to me) against True Girls Incorporated including its respected officers, agents, volunteers, drivers, board members, and employees. I give my child permission to be transported by True Girls Incorporated via organization transportation service or mentor assisting in transportation.

\_\_\_\_\_ Initials

**INFORMATION TECHNOLOGY RELEASE:** I grant True Girls Inc. permission for my youth to have access to and use of any computer or technology resource on True Girls Inc. network or on the premises. I give my youth permission to use the True Girls Inc. local area networks and Internet gateway. True Girls Inc. will not be responsible for any damage users may suffer, including but not limited to, loss of data, exposure to inappropriate material or people, or for financial obligations arising through the unauthorized use of the system. Students or parents of students will indemnify and hold True Girls Inc. harmless from any losses sustained as the result of misuse of the system by student.

 YES or  NO \_\_\_\_\_ Initials

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**PARENT/GUARDIAN AGREEMENT:** I understand that a member of True Girls Inc staff or volunteer will be in charge at all times and will take all necessary precautions for the health and safety of the group. It is expressly understood and agreed that the True Girls Inc. shall not be held responsible, nor legally liable for any losses of personal property, or for any bodily injuries or the results thereof, incurred and suffered by my child on any property of the True Girls Inc or in connection with any activities, unless such loss or injury results directly from negligence or a willful act of an employee of True Girls Inc. acting within the scope of their employment or volunteer requirements.

\_\_\_\_\_ **Initials**

I agree to the terms and conditions described above and understand that by signing this agreement, I acknowledge that I have read and accept the policies of True Girls Inc. I understand that I can change my permissions at any time by filling out a membership application.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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