

**Become a Youth UpRising Member!**

**Free Membership & Opportunities! Be About It.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

**Only Requirements:**

* **You must live in Alameda County, and**
* **Be between the ages of 13-24 years old**
* **Attend a Youth UpRising Orientation**

**Orientations are held at Youth UpRising every Monday - Thursday @ 4:00pm**

**How to Become a Member:**

* Complete the attached **APPLICATION**
* Provide **PROOF** **OF** **YOUR AGE** **&** **ADDRESS**

**Examples of proof of age and address:**

* **School ID** (with date of birth)
* **Birth Certificate** (with a photo ID)
* **CA ID** or **CA Drivers License**

(Any combination of docs that show your birthday, address & photo)

**NOTE:** Application must be **FULLY COMPLETED**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY:**

**NOTE: By signing this portion of the application you are verifying that it is complete with no missing information.**

**Orientation Facilitator** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**The House Rules**

**This is YOUR house, In the middle of YOUR streets, YOUR block,**

**YOUR people. YOU!**

**1.SHOW RESPECT.**  **Respect this space. Respect the folks in it. Respect yourself.**

**What that Looks Like:**

* **No stealing or vandalism of property** (Would you do it to your own house?).
* **Respect the equipment** (No food around the equipment).
* **Respect staff** (They are working for you, trust).
* **Clean up after yourself**.
* **No foul language** (Cussing, disrespectful language) – We MUST clean that up here

for our own growth, trust in this.)

* **No harassment of any kind** (Teasing, inappropriate remarks, etc.).
* **No slurs of any kind** (Racist, sexist, or homophobic)—N’s and B’s do NOT exist here:
* **No violence of any kind** (this **MUST** be a safe place for **EVERYBODY**).

**2. No food or drink** past the front desk.

**3. No forgetting** your membership card!

(We need to scan attendance **EVERYDAY**. This is **MANDATORY**).

**4. No sex** or inappropriate touching **(NO CUPCAKING).**

**5. No gambling** (No dice, cards, betting, etc.).

**6. No drugs, no alcohol, no smoking.**

**7. No weapons** (From guns to shoes, if used harmfully).

**8. This is a NEUTRAL SPACE** (No gang association or activity of any kind).

**9. No HATING.** This is a positive space.

(From “You ain’t nothin” to “I’mma kill you”— **None of that**).

**We ALWAYS encourage you to:**

* Actively participate
* Have fun
* Be open to new things and people
* Take ownership of and respect this space
* Become a leader in our community
* Positively express yourself
* Be creative



**The House Rules – *Consequences***

**This is YOUR house, In the middle of YOUR streets, YOUR block,**

**YOUR people. YOU!**

**If you break any of these rules, PLEASE BELIEVE that there will be consequences to pay, it’s only right:**

**1st**

**Verbal Warning** – Staff or Security will warn you of your offense, slight possibility of a few push-ups /sit-ups (You think we joking?)

**2nd**

**One-on-One with Staff** – Staff or Security will talk to you in private to discuss the situation, as conscious-thinking adults, and come up with solutions.

**3rd**

**Temporary Suspension/Referral** – Depending on the situation, if you’re a minor your parent/guardian may be asked to have a meeting with staff or security to discuss the situation (you really want to bring the grown folks into this?)

**4th**

**Temporary Suspension with Conditions** – Depending on the situation, you may be suspended and have to fulfill certain requirements (i.e. do a thesis, make apologies, mow our lawn, etc.) before returning to the center.

**5th**

**Indefinite Dismissal** – Now this is for something REAL serious. Depending on the situation, you may be suspended from Youth UpRising permanently. In this case, staff and security will discuss this with you and possibly your parent/guardian. **Don’t ever make it this bad. This is your house. Why would you do that?**

**I have read and understand Youth UpRising House Rules. I will do my best to uphold them to make this a safe and respectful place for everyone.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Printed) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Signature)**  **Date**



**Orientation Questionnaire**

**Tell Us A Little About Yourself.**

**Help Us Know How We Can Best Support You!**

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

Preferred Name (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Sex at Birth: □ Male □ Female Gender Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you are a male over 18:* Have you registered with the Selective Services?

□ Yes □ No □ I am exempt from serving

Mark the answer that best describes your current living situation:

□ On my own □ With my birth parent(s) □ With my adoptive parent(s)

□ With my foster parent(s) (unrelated to me) □ With relatives (not foster care)

□ With relatives who are also my foster parents □ In a group home or residential facility

□ With a friend (not foster care) □ At a shelter or emergency housing

□ With my spouse/partner/boyfriend/girlfriend □ No permanent residence

*Please put the address of the residence indicated above:*

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

House/Apt Number Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability Information:** *Please provide as much information as you feel comfortable sharing*

Do you have a disability? □ Yes □ No □ I do not wish to answer

*If yes:*

Are you receiving Supplemental Security Income (SSI)? □ Yes □ No □ Unsure

Are you receiving Social Security Disability Insurance (SSDI)? □ Yes □ No □ Unsure

Are you a Ticketholder in the Social Security Administration's Ticket-to-Work Program?

□ Yes □ No □ Unsure

Are you currently OR have you ever received Vocational Rehabilitation Services from a state supported rehabilitation agency or some other vocational rehabilitation agency?

□ Yes □ No □ I do not wish to answer

Are you deaf or do you have serious difficulty hearing?

□ Yes □ No □ I do not wish to answer

Are you blind or do you have serious difficulty seeing even when wearing glasses?

□ Yes □ No □ I do not wish to answer

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

□ Yes □ No □ I do not wish to answer

Do you have serious difficulty walking or climbing stairs?

□ Yes □ No □ I do not wish to answer

Do you have difficulty dressing or bathing? □ Yes □ No □ I do not wish to answer

**Family/Personal Information:** *Please provide as much information as you feel comfortable sharing*

Are you a parent? □ Yes □ No □ Unsure

*If yes, how many children do you have? \_\_\_\_\_\_\_\_\_\_\_*

*If yes, are you currently using childcare?* □ Yes □ No □ Unsure

*If yes, is your child between ages 3-6?* □ Yes □ No

*If yes, are you signed up for childcare through CalWorks?* □ Yes □ No □ Unsure

Are you currently pregnant? □ Yes □ No □ Unsure □ I do not wish to answer

Do you currently have health insurance coverage? □ Yes □ No □ I do not wish to answer

Have you ever been in a relationship where someone physically hurt you?

□ Yes □ No □ I do not wish to answer

Have you ever been arrested? □ Yes □ No

*If yes, are you currently on probation/parole?* □ Yes □ No

Probation/Parole Officer Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unsure

Parole Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unsure

**Education Information**

What is the highest education level you have completed?

□ High School Diploma □ GED

Some College or Technical/Vocational School *(pick the number of years you have completed)*:

□ 1 year □ 2 years □ 3 years

□ Vocational School Certificate

□ College Degree (2 year, associate’s) □ College Degree (4 year, bachelor’s)

*If you have not graduated high school, select the highest grade you’ve completed:*

□ 1st □ 2nd □ 3rd □ 4th □ 5th □ 6th □ 7th □ 8th □ 9th □ 10th □ 11th

Are you currently enrolled in school?

□ Yes, high school or middle school □ No

□ Yes, college or technical/vocational school

*If yes, where are you enrolled?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Information**

Current employment status: □ Working Full Time □ Working Part Time □ Not Working

□ Never Worked □ Decline to State

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you are working or have worked*, what type of business do you work for?

□ State Government □ Federal Government □ Local Government

□ Education (K-12) □ Higher Education

□ Private business □ Non-profit

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving unemployment insurance benefits?

□ Yes, Claimant (referred to by WPRS)

□ Yes, Claimant (not referred to by WPRS)

□ Yes, Exhaustee □ No

Are you currently looking for work? □ Yes □ No

Do you have any related licenses or certifications? □ Yes □ No

Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service? □ Yes □ No

*If yes, what was the date of termination/layoff/separation from military service*:

\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

What is your desired (or your dream) job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race/Ethnicity**: (select all that apply)

Do you identify as Hispanic/Latino? □ Yes □ No □ Do not wish to answer

Select the races/ethnicities you identify as? (you can add more detail on the lines provided)

□ African American/Black \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Native American \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Asian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Hawaiian/Pacific Islander \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Caucasian/White \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Do not wish to answer

**Public Assistance**

Do you or your parent(s)/guardian(s) receive any of the following services (select all that apply)?

□ CalWorks/TANF

□ Food Stamps (SNAP)

□ General Assistance

□ Refugee Cash Assistance

□ Social Security

□ Public Housing

□ Free/Reduced Lunch

□ Unsure/Do not receive

Have you ever lived in foster care? □ Yes □ No □ Unsure

Have you ever lived in a group home? □ Yes □ No □ Unsure

Have you ever been homeless? □ Yes □ No □ Unsure

Do you need support in gaining access to resources for any of the following?

□ Housing □ Food □ Clothing □ Safety □ Education □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unsure/Unneeded

**A Few Additional Questions**

Have you ever worked with a therapist or counselor? □ Yes □ No □ Unsure

If you have any medical conditions we should know about, please list them here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Driver’s License? □ Yes □ No □ Unsure

Do you have a Social Security card? □ Yes □ No □ Unsure

I have a sibling or child currently in *(choose all that apply)*:

□ Preschool □ Traditional Kindergarten (TK) □ Kindergarten

□ 1st Grade □ 2nd Grade □ 3rd Grade □ 4th Grade □ 5th Grade

Are you bilingual? □ Yes □ No □ Unsure *If so, what language?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Twitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (1) Name & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (2) Name & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about/were you referred to YU? (Check all that apply)

□ Attraction Staff □ YU Members □ Community Organization □ School

□ Community service □ Probation/Parole Officer □ Friends

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Youth UpRising Consent Form**

8711 MacArthur Blvd. Oakland, CA 94605 510.777.9909 510.777.9949 Fax

I agree/give my child permission to participate in programming at Youth UpRising youth center at 8711 MacArthur Blvd. I understand the programs and services offered at Youth UpRising as well as the mission and vision of the center.

I/my child have read the expectations and House Rules of Youth UpRising and understand that membership to the center is conditional. If I/my child does not abide by the rules, a conference will be held with a staff member and ultimately my child may be dismissed from the center indefinitely. YU Members are not to bring anything illegal to the center including weapons of any kind or drugs and alcohol.

There is no membership fee and Members will not be expected to pay to enter except for the $2 lost card fee if a Member loses their membership card. All programs are free of any charge, however some programs or services may require Members to purchase materials or may charge a fee for participation in their specific program.

**Youth UpRising is not responsible or liable for the following:**

■ Loss or theft of any valuables Members bring to the center

■ Injuries caused by altercations at Youth UpRising

■ Unforeseen accidents that happen at Youth UpRising

I understand the importance of using images and sound recordings of Youth UpRising activities in printed materials, Youth UpRising websites, videos, film, and television broadcasts. Therefore, I give permission for Youth UpRising and their program affiliates to use photographs, video recordings, and voice recordings of me and any children ages seventeen (17) and under for whom I have legal guardianship. This consent includes the storage, retrieval, and reproduction of information or images. Photographs, videos, audio recordings and the tapes, negatives, and digital media from which images and sound recordings are made, shall be the property of Youth UpRising, which shall have the right to publish, reproduce, distribute, and make other uses free of all claims on my part.

Youth UpRising has permission to administer emergency CPR or first aid by a certified employee. If medical care is required and I cannot be contacted, I give permission for Youth UpRising staff to seek medical professionals to administer care. I also give permission, if I cannot be reached in the event of a medical emergency, to the medical staff at the health center to provide me (my child) with medical services.

Youth UpRising offers a range of mental health services free of charge to our members. It is our responsibility to inform you that these services are totally voluntary and confidential with the following exceptions: when a member is a danger to themselves or another person and when child abuse or elder or dependent adult abuse is suspected. Staff is available to discuss any questions you have regarding consent and confidentiality

By signing this form, I understand and accept these conditions.

**Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If participant is under 18:**

**Parent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Waiver of Liability**

**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FOR HOLISTIC HEALTH SERVICES AND SPORTS AND REC ACTIVITIES at YOUTH UPRISING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,hereby agree to the following:

1. I am participating in the Health and Wellness Programs, Holistic Health Services, yoga classes, or workshops, during which I may receive holistic health information, assessment, instruction or treatment. In Youth UpRising's Health and Wellness programming, I may participate in a yoga class, sports and recreation activity, or other activities, in which I recognize may require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes, Holistic Health Services, sports and recreation, or workshops that are offered at Youth UpRising. I represent and warrant that I am physically fit, and I have no medical condition that would prevent my full participation in yoga classes, Holistic Health Services, or sports and recreation at Youth UpRising.

3. In consideration of being permitted to participate in Health and Wellness services, yoga classes, sports and recreation, or workshops, I knowingly, voluntarily, and expressly waive any claim I may have against Youth UpRising or contracted providers for injury or damages that I may sustain as a result of participating in the programs offered at Youth UpRising.

4. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Youth UpRising or contracted providers for any injury or death caused by their negligence or other acts.

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Participant Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Email (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If participant is under 18:**

**As legal guardian of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, I consent to the above terms/conditions.**

**Participant’s parent/guardian name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of participant’s parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**