



Alternatives in Action

HOME • BASE • HOME Sweet HOME

HOME PROJECT

A Community-Based Youth Development Organization

Date: _____

Semester & Year: _____

What Project you are applying for: _____

First Name

Middle Name

Last Name

Home Address: _____

Street

City

Zip

Home Phone: _____ Cell Phone/Pager: _____

What school do you attend?: _____ Grade: _____

Gender: Male Female Date of Birth: _____

Ethnic Background (optional): _____ Email: _____

Parent/Guardian name(s): _____

Home Phone: _____ Work Phone: _____ Email: _____

Why are you interested in participating in HOME's after school program?

What skills and/or experiences do you bring to HOME?

Student Signature

Parent/Guardian Signature

2750 Todd Street • Alameda • California • 94501
phone 510-748-4314, ext 314 • fax 510-748-4326
www.alternativesinaction.org