



Path Forward Application Youth Application

Personal Information

Full Name: Date of Birth:

Address:

Email: Phone:

Parent/Legal Guardian Information

Full Name: Date of Birth:

Address:

Email: Phone:

Educational Background

Are you currently enrolled in school?* Yes No

**If yes, please provide the following:*

Name of School: Current Grade Level:

**If no, please provide the following:*

Name of School Last Attended:

Last Grade Level Completed:

Reason for Leaving:

Educational Background Cont.

Have you ever been suspended from school?* Yes No

**If yes, please provide the following regarding your most recent suspension:*

Name of School Suspended From:

Grade Level:

Date of Suspension:

Reason for Suspension:

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Have you ever been expelled from school?* Yes No

**If yes, please provide the following regarding your most recent expulsion:*

Name of School Expelled From:

Grade Level:

Date of Expulsion:

Reason for Expulsion:

Work History

Have you ever been employed?* Yes No

**If yes, please provide the following:*

Work History Cont.

Name of Most Recent Employer:

Date Employment Began:

Date Employment Ended:
(if still employed, put N/A)

Please list the duties and responsibilities of your most recent employment:

If you are no longer employed by this employer, please explain the reason for leaving:

Personal Background

Have you ever been charged with a criminal offense?* Yes No

**If yes, please list all criminal charges that you have been charged, including date of arrest:*

Are you currently on probation or parole?* Yes No

**If applicable, please list the contact information for your probation/parole officer:*

Full Name:

Phone:

Email:

Availability

This program will begin Monday, June 3rd and end on Friday, July 26th. You will be expected to participate in the program Monday through Friday, 9:00 AM to 4:00 PM (excluding holidays). Please verify your availability.

- Yes, I will be available weekdays 9:00 AM to 4:00 PM from June 3rd to July 26th.
- No, I will not be available weekdays 9:00 AM to 4:00 PM from June 3rd to July 26th.

Following the eight week program period, you will be required to participate in ten months of follow-up activities consisting of meeting with an assigned mentor, attending monthly counseling sessions, and participating in quarterly group activities. Are you available and willing to participate in this ten-month follow-up period?

- Yes, I am available and willing to participate in the ten-month follow-up period.
- No, I will not be available or willing to participate in the ten-month follow-up period.

Do you have access to personal or public transportation that can get you to and from the program?

- Yes, I have access to personal or public transportation.
- No, I do not have access to personal or public transportation, and I will need assistance getting to and from the program.

After completing the eight-week employment period, you will be expected to graduate from high school or begin the process of receiving your GED. Can you commit to graduating from high school or earning your GED?

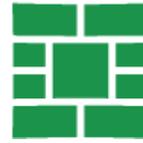
- Yes, I can commit to graduating from high school or earning my GED.
- No, I cannot commit to graduating from high school or earning my GED.

Your Thoughts

The purpose of Path Forward is to engage with youth who have been identified as being involved in or at high risk of being involved in gun violence. In your own words, why do you think youth gun violence occurs in Savannah?

You have been nominated to apply for Path Forward because you have been identified as being at high-risk of participating in youth gun violence. In your opinion, why do think you are considered to be high-risk for participating in gun violence? What behaviors or decisions have you made that you feel make you high-risk?

The purpose of Path Forward is to help you to be successful. In your own words, what does success look like for you and your family? What goals do you hope to achieve?



Permissions

Please complete and return with the application.

Indemnification/Hold Harmless Agreement

I/we, the undersigned, consent for me, my/our minor child/ward to participate in the programs sponsored by the City of Savannah. In consideration of me, my/our child's/ward's participation in the program I/we hereby agree(s) to assume all the risks and hazards incidental to said participation and do further agree(s) to release, absolve, indemnify and otherwise hold harmless the City of Savannah, its employees, administrators, agents and assigns and others who assist the above, for any loss, damages or personal injuries that I, said child/ward may receive as a result of such participation. I/we hereby agree(s) to waive all claims against the City of Savannah, its employees, administrators, and agents.

- I have reviewed the permission to participate and consent.
- I have reviewed the permission to participate and do NOT consent.

Photo/Video Release

I hereby grant permission to the City of Savannah Office of Neighborhood Safety and Engagement and/or agents acting on its behalf, the right to use, edit, reproduce, assign and distribute photographs, films, video/audio recordings and other audio/visual productions of myself and/or my child(ren) for use in public displays, publications, public relations, slide shows, newspapers, advertising and other communications, to include transmission via film, print, video, computer, worldwide web, internet website, email, FTP, computer network and digital reproduction and distribution. I indemnify and hold harmless the City of Savannah Office of Neighborhood Safety and Engagement, its officers, employees, sponsors and volunteers (the "indemnified parties") from and against any and all claims of any kind, including royalties or other compensation, and any liabilities arising from or related to the use of the photographs or recordings.

- I have reviewed the photo release and consent.
- I have reviewed the photo release and do NOT consent.

Medical Consent

I/we understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow me/my child/ward to participate. I/we give permission for any emergency medical care or treatment by a physician, surgeon, nurse, and doctor's assistant, or medical care facility that may be required and assume responsibility for the cost of medical care. **NOTE: If your child has anaphylactic allergic reactions, we request your child brings an EpiPen or Anakit.**

- I have reviewed the medical consent and give my consent.
- I have reviewed the medical consent and do NOT consent.