

2011 YouthCAN ENROLLMENT FORM

Thank you for your interest in YouthCAN. YouthCAN is a community-based leadership program for Asian and Asian Pacific American youth (ages 15-20) that works to connect youth with and take pride in their heritage. Through our Fellowship Program, Arts and Cultural Studios, and Ambassador Program, Asian and APA youth learn how to use advocacy, arts, and cultural programming to take creative-community action on issues that affect their lives.

During the summer, YouthCAN meets Tuesday through Friday; 1-5 PM. Throughout the school year, YouthCAN meets regularly on Friday; from 3:30 – 5:30 PM. In addition to these times, YouthCAN Participants can meet throughout the week to work on different projects as they come up. In order to participate in these, this enrollment form must be filled out. Please read the instructions carefully and answer questions to the best of your ability. Mail or drop the application at:

Attn: Joshua Heim The Wing Luke Museum 719 South King Stree Seattle, WA 98104 (206) 623-5124 ext. 115 jheim@wingluke.org

CONTACT INFORMATION

Your name:		
Home phone:	Cell phone:	
Email:		
Mailing Address:		
City:	State:	Zip Code:
Facebook URL:		
High School or College:		
Grade as of Fall 2010: ☐ HS Sophomore ☐] HS Junior □ HS Senior	☐ HS GED ☐ College Freshman +
What is the best way to reach you?		

BACKGROUND INFORMATION

1.	Wh	nat is your relationship with the Chinatown/International District (live, hang out, shop, eat here on weel	kends)?
2.		you know about the history of the Chinatown/International District and other surrounding neighborhoods ase circle your answer: Yes No	ods?
	a.	If yes, which neighborhoods, and what do you know about it?	
3.	How	v do you identify?	
	a.	Describe your ethnic identity (Chinese, Vietnamese, Hawaiian, Mexican, etc)	
	b.	Describe other aspects of your identity we should know about (Adoptee, Gay, 1.5 Generation, Musici	an, etc)
3.	Wha	at languages are spoken in your home?	
4.	Who	o do you live with?	
5.	How	w many books are in your home: Of these, how many have you read: Which is your fa	vorite:
6.	Plea	se list any magazines or newspapers that you or your family readily subscribes to:	
7.	Do y	you work to help out your family? If so, how: Yes:	No
8.	Do y	you receive free and reduced lunch at school? Yes	No
9.	Whe	re have you traveled to with your family that is outside of the Seattle area in the last five years:	

INTERESTS & EXTRACURRICULAR ACTIVITIES

1.	Are you involved in any after-school activities and/or programs?	Yes	No
	a. If yes, what are the activities and/or programs that you are involved in?		
	b. What days and times are you involved in the other after-school programs?_		
2.	Do you hold any leadership position(s) in school and/or other programs?	Yes	No
	a. If yes, what is the position(s) and where at?		
	b. If no, would you be interested in taking on a student position?	Yes	No
3.	Are you involved in any community service? a. If yes, what community service projects and/or organizations are you involved.	Yes wed in?	No
4.		our friends number 1	and family. Please list them
4.	What do you like to do for fun? List up to 6 things that you like to do with you in order of preference, that is, put the thing that you like to do the most in the 1 4 2 5 5.	our friends number 1	and family. Please list them spot:
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GOALS & FUTURE PLANS

1. Describe any goals you hope to accomplish before graduating high school:					
	Academic:				
	Community:				
	Art/Culture:				
	Other:				
2.	Do you currently have a mentor who k friend, coach, teacher, community lead		nd is he Yes	lping you to No	achieve them (family member,
	a. If no, would you like help finding a	mentor?	Yes	No	
	b. If yes, would you like YouthCAN st	aff to know about them?	Yes	No	
	i. If yes, who are your mentor(s) and what are they helpi	ing you	with:	
3.	Describe any plans or ideas you have f family business, start a family, leave to				
4.	Do you currently have a mentor who k member, friend, coach, teacher, comm		ideas a	and is helpin	ng you to achieve them (family
	a. If no, would you like help from You	thCAN?	Yes	No	
	b. If yes, would you like YouthCAN st	aff to know about them?	Yes	No	
	i. If yes, who are your mentor(s) and what are they helpi	ing you	with:	
5.	YouthCAN and The WING are places	to explore new ideas and	practic	es. Check a	ny that appeal to you:
	 Art □ Literature & creative writing □ Performance: drama, music, □ Popular culture: film, graffiti, spoken word, photography, etc. □ Traditional folk art: taiko drumming, hula dance, etc. 	Community ☐ Advocating for commissues ☐ Collaborating on sermojects ☐ Event planning ☐ Leading teams			Public Intellectual ☐ Comment art and culture ☐ Documenting culture: blog, film, oral history ☐ Learning how 'see' art ☐ Research Asian Pacific

EMERGENCY CONTACT AND MEDICAL INFORMATION

Participant name:	Age: Sex: Date of birth:
Address:	Home Phone No:
	Cell Phone No:
City State Zip code	
Person to contact in an emergency:	
Name:	Relationship:
Home Phone:	Work Phone:
Cell Phone:	
Medical Informa	tion & Authorization
Doctor's Name:	Office Phone No:
Any significant health problems? Yes No	If yes, please specify below:
Any allergies including drug allergies? Yes	No If yes, please specify below:
Other information:	
in the event of accident or illness or a life-threatening to be given on location and authorize medical treatm	I the staff assume no financial obligation or liability, but g situation, I grant my authorization of emergency care ent to be secured for the above-named participant if the d immediately. I hereby consent to the administration by the attending authorities.
(Participant signature)	(Date)
(Parent or Guardian signature, if under 18 years old)	(Date)

PARENT/GUARDIAN PERMISSION

	give, permission to participate the YouthCAN youth program, (Child's name) and will encourage him/her to attend the meetings and activities/field trips regularly, unless my child informs the program coordinator ahead of time that he/she cannot to do so.			
incurred b	ereby release Wing Luke Asian Museum and its representati y my child's participation in the youth program. I do hereby any medical aid necessary in case of emergency.			
(Parent/	guardian signature)	(Date)		
(Please	print name)			
Types of A	Activities and Excursions			
	Art workshops at the Museum			
	Attending meetings at the Museum			
	Field trips to galleries and artist studios			
	Hiking excursions			
	Publishing materials, such as on a blog or in a newspaper			
	Publically displaying art			
	Public speaking			
	Taking public transportation			
	Meeting one-on-one with Museum staff			
	Watching videos			
	Conducting research in the community			