



Comprehensive

Adolescent

Pregnancy

Prevention

Participant Contact Sheet

PLEASE PRINT CLEARLY AND LEGIBLY.

1. Participant's Full Name: _____
2. Date (month/day/year): _____ / _____ / _____
3. Gender: Male Female Transgender Other: _____
4. Mobile Number: (_____) _____
5. Email Address: _____
6. Street Address: _____ APT #: _____ Zip Code: _____
7. Are you: In Middle School? In High School? Out of School?
8. What school do you attend? If you are not in school, leave blank: _____
9. Ethnicity: Hispanic/Latino African American Asian Multi-Race
American Indian/Alaska Native White Native Hawaiian/Pacific Islander
Other/Not Listed (please describe): _____

Parent/Guardian Information:

1. Full Name: _____
2. Street Address: _____ APT #: _____ Zip Code: _____
3. Preferred method of contact: Paper Mail Telephone: (_____)
 Email: _____

*I attest what is written accurate and valid. I understand this form is used for informational and contact purposes, only.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

For Office Use Only	Target Group:	Cycle: <input type="checkbox"/> ONE <input type="checkbox"/> TWO	Location:
		Year:	



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Participant Name: _____

Check One: Middle School High School Out-of-school

PHOTO/VIDEO CONSENT

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the participant named above by Union Settlement Association and the East Harlem Teen Health Project. I also grant Union Settlement Association the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

Signature of Parent/Guardian (if participant is under 18)

Date

Signature of Participant (if participant is 18 and over)

Date

EVALUATION CONSENT

I understand this is an Evidence Based Program that is periodically evaluated by the Department of Mental Health & Hygiene. I hereby consent to the use of the demographic information of the participant named above, including but not limited to: age, ethnicity, grade level, gender, etc. I am aware this information will only be used for statistical reports and will be kept extremely confidential. Names will never be used in association with this information.

Signature of Parent/Guardian (if participant is under 18)

Date

Signature of Participant (if participant is 18 and over)

Date

Please be aware that if you fail to sign this page, or do not consent to both the above statements, you/your child will not be eligible to participate in our program.