

Are you an Alameda County resident between the ages of 13-24?

Become a Youth UpRising Member Today!



How to become a member:

- o Complete a copy of the attached **Application**
- o Attend a Youth UpRising **Orientation (Monday-Thursday @ 4pm)**
- o **Provide Proof of Age and Address**
 - o School ID (with date of birth)
 - o Birth Certificate (with a photo ID)
 - o CA ID or CA Driver's LicenseOr any combination of docs that show your birthday, address & photo



Media Release Form

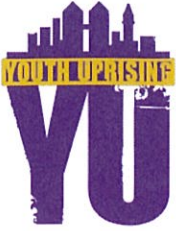
Youth Name: _____

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 Signature: _____ **Date:** _____

If participant is under 18:

Parent Name: _____ **Signature:** _____ **Date:** _____



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.

Youth Signature: _____ **Date:** _____

If participant is under 18:

Parent/guardian name (printed): _____

Parent/guardian signature: _____ **Date:** _____



Intake Assessment

First Name: _____ Last Name: _____ Date: _____

How did you hear about Youth UpRising?

- Family
- Friends (non-YU Members)
- Friends (YU Members)
- School (Teachers, Class Presentation, etc.)
- YU Staff
- Community Organization
- Community Event
- Probation/Parole Officers
- Other: _____

What areas would you like to see the most improvement (Top 3)?

- Physical
- Career/Employment
- Financial
- Academic/Educational
- Social/Emotional
- Creative Expression
- Other: _____

FAMILY/PERSONAL INFORMATION:

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

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

Have you ever been arrested? Yes No

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

If yes, are you comfortable with us talking with them to advocate for you? Yes No

Probation/Parole Officer Name: _____ Unsure

Parole Number: _____ Unsure



Are you currently looking for work? Yes No

A FEW ADDITIONAL QUESTIONS:

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

- Housing Food Clothing Safety Education Other_____
- Unsure/Unneeded

Do you have a Driver's License? Yes No Unsure

Do you have a Social Security card? Yes No Unsure

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

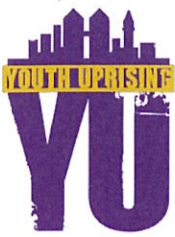
Have you ever worked with a therapist/counselor?

- Yes No I do not wish to answer

If yes, details? _____

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

- Yes No I do not wish to answer



Health and Wellness Intake

Date of Birth: ____ / ____ / ____

Race:

- American Indian or Alaska Native
- Black / African-American
- White
- Hispanic or Latino
- Decline to Answer
- Asian
- Native Hawaiian or other Pacific Islander
- More than one race

Specify Ethnicity: _____

Primary Language: _____

Sex Assigned at Birth: Male Female

Current Gender Identity:

- Male
- Female
- Transgender
- Genderqueer
- Questioning or Unsure of Gender Identity
- Decline to Answer

Sexual Orientation:

- Gay or Lesbian
- Straight / Heterosexual
- Bisexual
- Questioning or unsure of sexual orientation
- Queer
- Another Sexual Orientation
- Decline to Answer

Veteran Status: Yes No Decline to Answer

Disability Information:

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

If Yes, Please check the appropriate:

- Difficulty Seeing
- Difficulty Hearing
- Mental Domain/IEP
- Physical/Mobility Domain
- Chronic Health Condition



The House Agreements

This is MY house, in the middle of MY Street, MY block,
MY people: MINE!

SHOW RESPECT. Respect this space. Respect the folks in it. Respect myself.

I will:

- Have my membership card or member number with me at all times.
- Ask for the things I need and not take items that don't belong to me.
- Clean up after myself and hold others accountable to do the same.
- Use positive and uplifting language to express myself to my peers and the staff.
- Refrain from harassing and violent behavior or language (especially words like N's and B's, curses, and those that are racist, sexist, homophobic, transphobic, etc.).
- Enjoy my food in the permitted areas.
- Not engage in sexual touching or activities on the campus.
- Leave drugs, alcohol, smoking devices, weapons, illegal gang activity and drama out of YU's campus.
- Be mindful of limiting strong scents such as marijuana and alcohol.
- Respect the space

This is a NEUTRAL and SAFE space for everyone – all races, sexes, genders, abilities, and other identities are welcome.

I am ALWAYS encouraged 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
- Use staff as a resource for my needs



The House Agreements - Consequences

This is MY house, in the middle of MY Street, MY block,
MY people: MINE!

If I break any of the house agreements, I will receive:

1st Warning

Verbal Warning – staff will warn me of my offense.

2nd Warning

An incident report will be completed by staff and kept in my file. One-on-one with Staff – staff will talk with me privately to discuss the situation under guidance of the health and wellness team.

3rd Warning

In-House Suspension – Identified staff will determine appropriate consequences (i.e. completion of chores, supporting event or groups) and duration of the suspension depending on the degree of the situation.

4th Warning

External Suspension – I will be suspended off campus and must fulfill certain requirements (i.e. write a letter, make apologies, complete chores, etc.) before returning to the center.

5th Warning

Indefinite Dismissal – Depending on the situation, I may be dismissed from Youth UpRising permanently. Staff and security will discuss this with me along with all necessary individuals.

****Please note: We care about you & take a safety first approach! If at any time my behavior is verbally, physically or emotionally threatening to staff or members, I understand immediate actions will be taken to maintain safety for all parties involved.**



DRESS CODE

This is MY house, in the middle of MY street, MY block,
MY people: MINE!

We SEE you! Be creative, Be expressive, Be you while being mindful and respectful of the space, yourself and ALL members utilizing services at YU:

- ★ I will keep my UNDERgarments UNDER my clothing
 - Bra is covered by top
 - Underwear are completely covered by pants/shirts/shorts/skirts/dresses
 - No sagging below your butt, pants above buttocks
 - No extremely short shorts, entire buttocks must be covered

- ★ I understand that if I participate in certain programing at YU such as : internships, professional development, GED; I might be asked to follow a dress code specific to that program

I have read and understand Youth UpRising's House Agreements, Dress Code and Consequences. I will uphold them to make this a safe and respectful place for everyone.

Name (Printed)

(Date)

Signature