



Rites of Passage

Initiate Application Form

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt: _____ City: _____ State: _____

Zip: _____ Age: _____ DOB: _____ School: _____ Grade: _____

Home Phone: () _____ Alternate Phone: () _____

Cell Phone: () _____ Email Address: _____

Twitter Account: _____

What do you know about the Rites of Passage program? _____

How would you like to be involved in the Rites of Passage program? _____

Who referred you? _____ Have you ever been arrested for any crime? Yes ☐ No ☐

If yes, please explain the circumstances? _____

List your favorite hobbies, school subjects or sports activities (list in any order).

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

What kind of knowledge, skills, and experience do you hope to gain from the Rites of Passage program?

What are some of your goals in life? _____

What kind of knowledge, skills, and experience do you hope to gain from the Rites of Passage experience?

Initiate's Signature

Date