Participation information:

The following application is for the enrollment into Genius Labs @GMCC Digital Café. I understand that should we be accepted, we will be required to sign a commitment and liability form and provide medical and health information.

Please complete the application in full and submit to Megan Young either electronically at myoung@gmcc.org, by mail at 1100 E Lake St., Minneapolis, MN 55407, or call 612-276-1548 to schedule time to drop off at our office or to complete over the phone.

| Full Name | Preferred Name | | Pronouns | |
|--|--|---------------|----------|-----|
| Street address | City | County | State | Zip |
| Phone number | Email address | Date of Birth | | |
| School Information: | | | | |
| School name | Age youth will bein 21-22 School year | | | |
| City/ District | Grade youth will be in 21-22 school year | | | |
| Parent/ Legal Guardian informat | tion: | | | |
| First Name | Last Name | | | |
| Street address (if different from participant) | City | County | State | Zip |
| Phone number | Email address | | | |

Were you referred? If so by who?

The following questions are for grant reporting and internal metric purposes only. Your specific personal information will not be shared outside of our organization.

| Youth Race | Parent/Guardian Race | | | |
|---|---|--|--|--|
| Check all that apply: American Indian / Alaska Native Asian American Black / African Black / American Hispanic / Latino Native Hawaiian / Pacific Islander White Prefer not to answer | Check all that apply: American Indian / Alaska Native Asian American Black / African Black / American Hispanic / Latino Native Hawaiian / Pacific Islander White Prefer not to answer | | | |
| Youth Vaccination Status: *proof of full vaccination status required for youth to p the family meals. | Parent/ Guardian Vaccination Status: articipate and parents/guardians/family members to attend | | | |
| Fully VaccinatedPartially VaccinatedNot Vaccinated | Fully VaccinatedPartially VaccinatedNot Vaccinated | | | |
| Parent/ Guardian field of work or occup *Why are we asking? Part of the future plans for this p provide career and vocational opportunities and activity | rogramming is to engage mentors, parents, and volunteers to | | | |
| Have you or your youth ever been cons Yes No Prefer not to answer | idered a refugee form any country? | | | |
| Would you or your youth be considered outside of the United States? Yes No | d an immigrant from any other country | | | |
| Prefer not to answer | | | | |

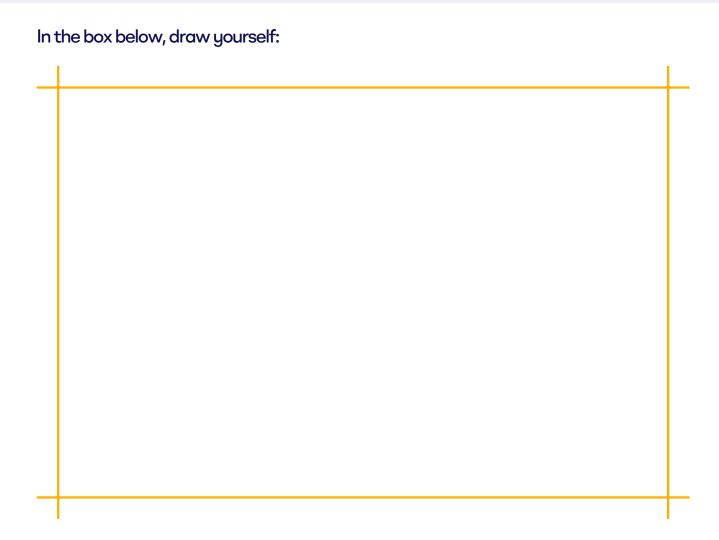


Questionnaire (to be completed by the applying youth) Four words that describe you: What are some of your favorite school-related activities? What are your favorite things outside of school (movies, music, books, etc.)? How important is technology in your day-to-day life? Why? Can you give examples? Select all of the following you use or own: Cell Phone Used Laptop Owned ☐ Ipad or Tablet ☐ Used ☐ Owned ☐ Used ☐ Owned

Tell us something else about yourself that you would like for us to know:

Non-cell phone cameraOther Technology: _____





Other comments, information, or additional message?