



**CONCERNED BLACK MEN OF RICHMOND, VIRGINIA, INC.
YOUTH CORPS APPLICATION (Revised 8/04/08)**

Date: _____

Name: _____
Last First Middle

Address: _____

City: _____ Zip: _____

Phone: _____ Birthdate: _____

E-mail address of a parent or guardian _____

Parents

Mother: _____
Last First

Father: _____
Last First



Caring For Our Youth

What school do you attend? _____

What grade are you in? _____

List three NON SPORT activities in which you like to participate.

1. _____
2. _____
3. _____

- Please have the youth list his reasons for wanting to participate in The Concerned Black Men of Richmond programs.

Parents or guardians list reasons for wanting your youth to participate in The Concerned Black Men of Richmond programs. _____

**CONCERNED
BLACK
MEN**

P.O. Box 4747
Richmond, VA 23220

www.cbmrichmond.com

(804) 343-2680

Are there any issues (i.e. medical, social, or behavioral) we need to be aware of regarding your youth? _____

In case of emergency whom can we contact? _____

Name: _____
Last First

Relationship: _____ Phone: _____

Applications can be returned to:

**CBM-R, P.O. Box 4747, Richmond, VA 23220,
ATTN: VP Programming**