Hawaii Youth Helping Youth

Member Application

Name: ______________________________ ______________________________ ______
(Last) (First) (MI)

Address: ____
(No., Street, Apt. #) (City) (Zip code)

Email: ______________________________________ Age: ______ Birthdate: ______________

Home # ____________________ Cell # ____________________ Alternate # ________________

Name of current school
or last school attended: ____________________________

Availability: Are you able to attend a mtg. one Saturday per month? Yes________ No_______

(Optional) I have experience with the following (check all that may apply).

- ☐ Emotional, Behavioral or Mental Health Challenge
- ☐ Special Education
- ☐ Counseling/Therapy
- ☐ Hospitalization for a Mental Health Crisis
- ☐ Foster Care
- ☐ Juvenile Justice (Detention Home, Probation, etc.)
- ☐ Victim of Bullying
- ☐ Family member or friend of someone with a Mental Health Challenge

- ☐ Other (please explain) ______________________________

Emergency Contact: ______________________________________ Phone # ____________________
(Name & Relationship)

Applicant Signature: ______________________________________ Date: ____________________

If you are under the age of 18 yrs., a parent/legal guardian must complete the following consent:

I, ______________________________ hereby give my consent for ______________________________,
(Print Parent/Legal Guardian Name) (Child's Name)
to participate in any and all activities sponsored by Hawaii Youth Helping Youth (the youth council of Hawaii Families As Allies) and agree not to hold HFAA liable/responsible for any unforeseen incidents regarding my child unless due to extreme negligence.

______________________________________ Date: __________ Email: ______________________
Signature of Parent or Legal Guardian

Parent/Guardian
Mailing Address: ______________________________

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Home Phone: ______________________________

Cell Phone: ______________________________

Work Phone: ______________________________

Please direct any questions to:
Donna Makaiwi, Youth Program Coordinator
Hawaii Families As Allies
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Aiea, HI 96701
487-8785 Tel. 487-0514 Fax
Email: donna.makaiwi@hfaa.net