

Participant ID #: _____
(For Office Use Only)

National Guard Youth Challenge Job Challenge Evaluation

BACKGROUND INFORMATION FORM

Today's Date: ____/____/____

Please print clearly. Use pen only.

1. **Your name:**

First name Middle initial Last name

2. **Your home address:**

Address Apt. #

City State Zip code

3. None **Nickname(s):** _____

4. **Social Security number:**

____-____-____

5. **Date of birth:**

____/____/____
Month Day Year

6. **Sex:** 1 Male 2 Female

7. **Are you Spanish/Hispanic/Latino?**

1 Yes 0 No

8. **What is your race?**

CHECK ALL THAT APPLY

- 1 Hawaiian Native or other Pacific Islander
2 White
3 Black or African American
4 Asian
5 American Indian or Alaskan
6 Other (specify) _____

9. **Home Phone Number:**

(____)____-____-____
Area code

10. **Primary language currently spoken at home**

11. CHECK THIS BOX IF YOU DO NOT HAVE A CELL PHONE

Cell phone number:

(____)____-____-____
Area code

12. CHECK THIS BOX IF YOU DO NOT HAVE AN EMAIL ADDRESS

What is the email address you use most often?

13. Do you have an account on any of the following?

CHECK ALL THAT APPLY

1 Facebook?

Name: _____

2 Instagram?

Name: _____

3 Twitter?

Tag: _____

14. Do you have any other social networking accounts?

1 Yes – URL Address:

0 No

15. Do you have a personal blog or website?

1 Yes – URL Address:

0 No

16. How would you prefer to be contacted in the future?

CHECK ALL THAT APPLY

1 Regular mail

5 Facebook

2 Email

6 Instagram

3 Cell Phone

7 Twitter

4 Text

8 Other _____

17. In what year did you last attend school?

|_|_|_|_|_|_|_|

18. What is the last grade you completed in school?

CHECK ONE

1 6th or below

2 7th

3 8th

4 9th

5 10th

6 11th

7 12th

19. During the last two years you attended school, did you receive free or reduced-priced lunches?

1 Yes 0 No

20. Were you ever suspended from school?

1 Yes 0 No

TURN FORM OVER



THANK YOU FOR YOUR TIME