**TATTOO REMOVAL PROGRAM APPLICATION**

**\*\*\* ALL AREAS MUST BE FILLED IN COMPLETELY\*\*\***

Date:

***Personal Data***

Full Legal Name:

Street Address:

City: State: Zip Code:

Phone #: ( ) E-Mail:

Date of Birth: Place of Birth:

Height: Hair Color: Weight:

Eye Color: SSN: DL #:

Full Legal Name of Parents:

Parents’ Street Address:

City: State: Zip Code:

Parents / Guardian Phone #s: ( )\_\_\_\_ \_\_\_ ( \_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Description and Location of Tattoos***

***Gang Background*** *(Your)*

Name of Gang: Street Name:

Age When First Joined: Currently active in a gang?

Reason for Joining:

How did you leave the gang?

Are you currently on probation or parole?

If yes: Agent’s Name: What State?

P.O. Contact Phone Number*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Current Activities***

School Name:

Principal’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip Code:

Employer’s Name:

Street Address:

City: State: Zip Code:

Future Goals & Plans:

***Using a separate sheet of paper, explain why you should be accepted for the Tattoo Removal Program?***

***Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Juvenile Tattoo Removal Program pursuant to the terms and conditions I have agreed to.

***Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***