**TATTOO REMOVAL PROGRAM APPLICATION**

Date:

***Personal Data***

Full Legal Name:

Street Address:

City: State: Zip Code:

Phone #: ( ) E-Mail:

Date of Birth: Place of Birth:

Full Legal Name of Parents:

Parents’ Street Address:

City: State: Zip Code:

Parents’ Phone #: ( )

***Physical Description***

Height: Hair Color: Weight:

Eye Color: SSN: DL #:

***Description of Location of Tattoos***

***Gang Background***

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?

***Current Activities***

School Name:

Street Address:

City: State: Zip Code:

Employer’s Name:

Street Address:

City: State: Zip Code:

Future Goals & Plans:

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

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