

NMRD

NO MORE RED DOTS REGISTRATION FORM



NAME OF PARTICIPANT: _____
GUARDIAN(S) NAME: _____
ADDRESS: _____
ZIPCODE: _____ DATE OF BIRTH: _____
GUARDIAN PHONE: _____ CLIENT PHONE: _____
INSURANCE AGENCY/NUMBER _____

Please answer the following questions:

With whom does participant live?
___ Parent(s) ___ Father ___ Grandparent ___ Self/others

Is the participant involved with the court system? ___ Yes ___ No
If yes, what is the involvement? _____

Name of School _____
Highest completed grade in school: 4 5 6 7 8 9 10 11 12 GED some college

What type of work/career do you want?

Customer Service ___ Warehouse ___ Fast Food ___ Maintenance ___
Clean-up ___ Clerical ___ other ___ N/A _____

Are you employed? Y N
Are you able to work? Y N
Do you have transportation? Y N

DJJ/CDW Name & phone & e-mail: _____

*Referring staff: Please include in the e-mail reason for referral

LIFE staff receiving referral: _____ Date: _____

*Signature (Parent/Guardian if under 18 years of age): _____

Email Address: _____

***The above signed person agrees to participate (or allow participation) in No More Red Dots events and in doing so releases the No More Red Dots and its associated organizations from any responsibility, liability and/or litigation resulting from their participation.**

For information and/or question about NMRD programs, please contact:

Dr. Eddie L. Woods
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