

**Skyranch Knoxville Youth  
PROGRAM APPLICATION**

This application is for youth ages 14-18 interested in the S.K.Y. program. Any youth ages 14-20 within the East Tennessee area is eligible to apply for the program.

**Filling out this application does not guarantee the youth will be accepted into the program.** This application serves to inform the staff of the S.K.Y. program that there is an interest on either the part of the young adult, child or parent/ legal guardian for the young person to be involved in a mentoring program.

Full Name of Youth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Youth Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant must be able to:**

- \* Meet for Thursday evening work sessions from 6:30-9:00?
- \* Living in the East Tennessee area for at least another year?
- \* Between the ages of 14-20?

Parents /Guardians name(s) \_\_\_\_\_  
Parents /Guardians place(s) of employment \_\_\_\_\_  
Parents /Guardians phone(s) \_\_\_\_\_ Cell phone \_\_\_\_\_

If youth is under the age of 18, does the parent or legal guardian give consent to the release of this information for review by the S.K.Y program staff and proceed with an interview should the child be eligible?

**\*Applicants, must also attach a letter, in your own words, explaining why you would like to part of the S.K.Y. program. And what you hope to benefit from it.\***

Please drop off this application and attached information to the green hangar at the S kyranch or mail to:

Skyranch Knoxville Youth  
1651 Heartwell Way  
Knoxville, TN 37932

1. The above information is complete and true to the best of knowledge.
2. If accepted in the SKY program, I agree to abide by its rules and regulations.
3. Any misrepresentation or omission will also be cause for the SKY program to not accept your application.
4. I hereby authorize all persons, companies and corporations to release and provide any and all information regarding my participation in the SKY program and release the SKY program from all liabilities for issuing this information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_