



## INDIANA YOUTH DEVELOPMENT CREDENTIAL CANDIDATE REGISTRATION FORM

### PERSONAL INFORMATION

**\*Indicates Voluntary Information. Confidentiality is maintained on all information.**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Last 4 digits of you Social Security # \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Home fax: (\_\_\_\_\_) \_\_\_\_\_

Home e-mail \_\_\_\_\_

AGE:  over age 18  over age 21 (answer required)  
 21-25\*  25-30\*  30-39\*  40-49\*  50-59\*  60-65\*  over 65\*

GENDER\*:  Male  Female

ETHNIC IDENTITY\*:  African American  Asian  Euro-American(Caucasian)  
 Hispanic/Latino  Native American  Other \_\_\_\_\_

### EMPLOYMENT INFORMATION

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ Work Phone \_\_\_\_\_

Work fax \_\_\_\_\_ Work e-mail \_\_\_\_\_

#### THE PROGRAM I WORK IN IS:

- |   |   |
|---|---|
| <input type="checkbox"/> Camping program              | <input type="checkbox"/> Residential care program |
| <input type="checkbox"/> Community club program       | <input type="checkbox"/> School-age care          |
| <input type="checkbox"/> In-school                    | <input type="checkbox"/> Substance prevention     |
| <input type="checkbox"/> Parks & Recreation program   | <input type="checkbox"/> Youth program            |
| <input type="checkbox"/> Other (Please Specify) _____ |   |

**Ages of students I work with: (check all that apply)**

- 5-8 year olds     12-14 year olds     9-11 year olds  
 15-18 year olds     Young Adults     Other \_\_\_\_\_

**PRESENT POSITION TITLE:** \_\_\_\_\_

Number of years at present position \_\_\_\_\_ Number of years in this program \_\_\_\_\_

Number of years working with children/youth \_\_\_\_\_

Hours worked per week:  1-10     11-20     21-30     31-40     Other \_\_\_\_\_

Present hourly wage\* \_\_\_\_\_

**EDUCATION INFORMATION**

**Highest level of educational attainment:**

- High School diploma/GED Date \_\_\_\_\_  
 Other Credential \_\_\_\_\_ Yr. \_\_\_\_\_  
 Associate Degree, Year \_\_\_\_\_ Major: \_\_\_\_\_  
 Bachelor's Degree, Year \_\_\_\_\_ Major: \_\_\_\_\_  
 Advanced Degree, Year \_\_\_\_\_ Major: \_\_\_\_\_

**PERSONAL ASSURANCES**

I affirm that the above information is accurate to the best of my knowledge.  
I understand that any personal information will not be released to any person or agency without my written permission.  
I understand that the Indiana YouthPRO Association may use data from my application for statistical purposes, but that such uses will adhere to standards for confidentiality.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I am enclosing the following:

- Completed self-assessment tool     Copies of training certificates  
 Copies of transcripts     Letters of verification of experience/professional contribution

I have enclosed a check for \$25 for the Registration fee

I am requesting the following information:

- Training opportunities in my area  
 Training scholarships/ reimbursement plans I might be eligible for  
 How to receive credit for prior learning/life experience

Send this form and your \$25 Registration fee to:  
Indiana YouthPRO Association  
4755 Kingsway Drive, Suite 300  
Indianapolis, Indiana 46205  
317-259-9491

[www.indianayouthpro.org](http://www.indianayouthpro.org) e-mail [info@indianayouthpro.org](mailto:info@indianayouthpro.org)

Indiana YouthPRO Association is an equal opportunity/affirmative action non-profit organization