



INDIANA YOUTH DEVELOPMENT CREDENTIAL RENEWAL APPLICATION

PERSONAL INFORMATION

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

Name _____

Home Address _____

City _____ State _____ Zip _____

County _____ Last 4 digits of your Social Security # _____

Home Phone (_____) _____ Home fax: (_____) _____

Home e-mail _____ Work 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:

____ Camping program

____ Residential care program

____ Community club program

____ School-age care

____ In-school

____ Substance prevention

____ Parks & Recreation program

____ Youth program

____ 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* _____

RENEWAL INFORMATION

Date IYD Credential was earned and/or previous renewal _____

The renewal fee of \$50 is enclosed _____

OR

I am utilizing scholarship/reimbursement funds from _____, attached is a letter verifying that _____ will be covering the cost of the renewal.

As required I have attached the following to this application:

- a. Transcripts showing the completion of one (1) 3 Credit class (or a total of 3 credit hours of course work);

OR

- b. Documentation showing that I have completed 4.5 CEU hours (or the equivalent of 45 hours of training in the youth development field).*
- c. A brief 5 year Professional Development Plan

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.

I am currently a member of Indiana YouthPRO ____ **OR**

I am currently a member of _____ (an organization relevant to youth development)

Signed _____ Date _____

**Documentation can include:*

- CEU certificate(s)
- Copy of transcripts
- Verification of attendance at training session
- Name of course/training, brief summary of content

Mail to:

Indiana YouthPRO Association
4755 Kingsway Drive, Suite 300
Indianapolis, IN 46205
317-259-9491; Fax: 317-283-3840