



Belize Youth Challenge Programme
21 Miles George Price Highway, Belize
Phone 235-2429 / Email: challenge@humandev.gov.bz

Application Form

This form should be completed by the applicant using a **blue or black** pen. Please read the form carefully and answer each question honestly. Print your answers, writing clearly so that everyone can read your completed form.

Your Information:

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____
Street City/Town/Village Cz Ow Bz Cy Sc TI
District

Phone Number(s): _____ Social: 000 Date of __ / __ / ____
Home number Cell number Security Number Birth d m yyyy

Religion: _____ Ethnicity: _____ T-Shirt size: S M L XL

Shoe size: _____ Pant size: _____

Your Parents/Guardian Information

Name: _____ Name: _____

Relationship: _____ Relationship: _____
(step) mother, (step) father, guardian etc. (step) mother, (step) father, guardian etc.

Address: _____ Address: _____
If same as applicant, write "Same" If same as applicant, write "Same"

Phone #: (home) _____ (cell) _____ Phone #: (home) _____ (cell) _____

Occupation: _____ Occupation: _____

Your School/Education

School Last Attended: _____ Class: _____ Year: 20____

Did you take the PSE? Yes ___ No ___

Your Work

Do you have a job? Yes ___ No ___ If yes, where you work?: _____

Job title: _____ How many hours a week do you usually work? _____ hours

Your Health

Do you exercise? Yes ___ No ___ if yes, how often? _____

Check any of the activities below that you enjoy doing:

___ Swimming ___ Hiking ___ Running ___ Cycling ___ Football ___ Basketball ___ Skateboarding
___ Volleyball

Are you currently taking any medications: ___ No ___Yes, if yes please give details below...

Do you have any special needs/disabilities/medical conditions: ___No ___Yes, if yes please give details below...

Legal Background

Have you ever been charged with an offense? ___ No ___Yes, if yes please give details below including the outcome...

Do you have any pending matters before the Court? ___No ___Yes, if yes please give details below...

I hereby certify that the information given above in this application form is true and correct.

Youth Applicant Signature

Date: (d/m/yyyy)

Print Name of Parent / Guardian

Signature of Parent / Guardian

Date: (d/m/yyyy)

Accompanying Documents

This application form must be submitted along with a copy of ONE of the following documents*:

Birth certificate or Passport or Social Security Card

* If necessary, copies of documents can be made at Human Development offices when handing in applications.

- An interview with the youth and parent/guardian will be held during the pre-screening period before the programme begins.
- Parents/guardians will be contacted about the time, place and date of interviews.
- Youths accepted into the program will need to identify a mentor and have them submit a mentorship application. All mentors will be screened for approval before being accepted.

OFFICIAL USE ONLY

Date Received: _____ Received By: _____ District: Cz Ow Bz Cy Sc TI

Referral Source: Self MHDSTPA Parents Other... _____

Initial Screening Date: _____ Screening Score: _____

Recommendation: Enrolled Decline On Hold

Authorized by: _____ Date: _____