



# Paving the Way Application



First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ Street \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Gender

- ☐ Male
- ☐ Female

Who do you live with?

- ☐ Foster Parents
- ☐ Guardians
- ☐ Adoptive Parents
- ☐ Biological Parents

	Name	Email Address	Phone Number
Case Worker			
Foster Parent			

School Name

Grade Level

Current GPA:

Have you received ISS, OSS or been expelled from school or after school programs?

- ☐ Yes
- ☐ No

If Yes, please provide details as to when and why: \_\_\_\_\_

Do you have a copy of your birth certificate?

- ☐ Yes
- ☐ No

Do you have a copy of your social security card?

- ☐ Yes
- ☐ No

Do you have your driver's permit?

- ☐ Yes
- ☐ No

Do you have your driver's license?

- ☐ Yes
- ☐ No

Do you have access to a vehicle to drive?

- ☐ Yes
- ☐ No

Do you have a job?

- ☐ Yes
- ☐ No

If so, how many miles is it from your home?

- ☐ Less than 1 mile
- ☐ 1-5 miles
- ☐ 6-10 miles
- ☐ More than 10 miles

If you have a job, how do you currently get to and from work?

- ☐ Bus
- ☐ Rides from Parents/Case worker
- ☐ Rides from Friends
- ☐ Taxi
- ☐ Walk

Do you drink alcohol?

- ☐ Yes
- ☐ No

Do you use tobacco products?

- ☐ Yes
- ☐ No

Do you use illegal drugs?

- ☐ Yes
- ☐ No

List any medications you are taking:

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Have you been involved in an auto accident when you were driving?

- ☐ Yes
- ☐ No

If Yes, please provide details: \_\_\_\_\_

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Will you require a host family in Lebanon?

- ☐ Yes
- ☐ No

If yes, will you be able to attend if a host family is unavailable?

- ☐ Yes
- ☐ No

(Host family priority will be given to those who have to travel the farthest distance).

Briefly describe why you want to join the Paving the Way program:

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\_\_\_\_ I agree to exhibit good attitude, behavior & manners both inside & outside Paving the Way program including not using foul language and being respectful to volunteers & other students.

\_\_\_\_ I agree to maintain good grades at school and attend scheduled classes.

\_\_\_\_ I agree to attend all Paving the Way classes unless it is an excused absence.

\_\_\_\_ I agree to stay drug, alcohol and tobacco free. I consent to random drug testing.

Parent/Guardian assumes the financial responsibility for any damage caused by student to property and will not hold Live 2 Give Hope or any of its volunteers liable for any reason. The undersigned hereby assumes all risk of injury or harm as a result of the activities specified above and agrees to release, indemnify, defend, and forever discharge the releasee from all liability, claims, demands, damages, costs, expenses, and causes of action due to death, injury, loss, or damage to the undersigned.

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Student Signature

Date

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Parent/Guardian Signature

Date

Please email completed application to [PavingTheWay@Live2GiveHope.org](mailto:PavingTheWay@Live2GiveHope.org).