

Program Location: \_\_\_\_\_

Program Name: \_\_\_\_\_

# MEMBERSHIP APPLICATION



Project Garrison NW Baltimore Technology Center (NWBT C)  
3717 Springdale Ave.  
Baltimore, MD 21216  
P: (410) 664-4300

F: (410) 664-2488

Email: [project.garrisoninc@verizon.net](mailto:project.garrisoninc@verizon.net)

**Confidentiality:** Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks (\*).

## Head of Household Information (Parent / Guardian) *Please Print*

**First Name\*:**

**Last Name\*:**

**Gender\*:**

Male  Female

**Family Income\*:**

_____	<b>\$ 0 - \$5,000</b>
_____	<b>\$5,001 - \$15,000</b>
_____	<b>\$15,001-\$ 25,000</b>
_____	<b>\$25,001-\$ 50,000</b>
_____	<b>\$50,001-\$ 75,000</b>
_____	<b>\$75,001-\$100,000</b>
_____	<b>Over \$100,000</b>

**Address\*:**

(Line1)

(Line2)

  
(City)  
(State)

**Address Type\*:**

Home  
 Work  \_\_\_\_\_

**Phone Number(s)\*:**

 ( )  -  ext. 

**Phone Type\*:**

Home  Work  \_\_\_\_\_

 ( )  -  ext. 

Home  Work  \_\_\_\_\_

**Residential Family Size:**

**E-Mail Address\*:**

**E-Mail Type:**

Home  Work  \_\_\_\_\_

**Employer\*:**

**Job Title\*:**

**Occupation: Annual\***

**Salary\*:**

 \$

## Other Parent / Guardian– *Please Print*

**First Name\*:**

**Last Name\*:**

**Gender\*:**

Male  Female

**Address\*:**  (Check box if same as Head of Household)

(Line 1)

**Address Type\*:**

Home  
 Work  \_\_\_\_\_

(Line 2)

  
(City)  
(State)  
(Zip\*)

**Phone Number(s)\*:**  (Check box if same as Head of Household)

 ( )  -  ext: \_\_\_\_\_

**Phone Type\*:**

Home  Work  \_\_\_\_\_

 ( )  -  ext: \_\_\_\_\_

Home  Work  \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Type: \_\_\_\_\_

**Employer\*:**

**Job Title\*:**

**Occupation:**

**Annual Salary\*:**

 \$

**Member Information (Please Print)**

First Name\*:  Middle Name:  Last Name\*:

Nick Name:  Birth Date\*:  /  /  Social Security Number\*: (last four digits required)  -

Gender\*:  Male  Female  
 Ethnicity\*:  African American  Multi-Racial  Other  Caucasian  Asian American  Native Amer.  Unknown

**Membership Type\*:**

- After School Program
- Apollo
- Computer Fundamentals
- Full Scholarship
- Full-Time
- General Usage
- MOS Training
- Partial Scholarship
- Pre-GED (Instructor)
- Pre-GED (Self Pace)
- Summer Camp

Pick Up Authorization Password:

School\*:  Grade\*:

Currently Enrolled:  Yes  No If No, give year completed: \_\_\_\_\_

Juvenile Issues:  Probation Expiration Date(s): \_\_\_\_\_ Pending Court Date(s): \_\_\_\_\_

**Household Type\*:**

- 2-Parent Head of Household  2-Foster Parents
- Single Parent/Head of Household  Single Foster Parent
- Extended-Family  Group Home
- Care Giver  Other \_\_\_\_\_

**Referring Organization\*:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Check all that Apply:**

Assistance Programs:

- TANF
- Food Stamps
- General Assistance
- SSDI
- SSI
- Veterans Compensation
- Day Care Voucher
- School Lunch
- Medicaid
- Medicare

Address:  (Check box if same as Head of Household)

(Line 1)

(Line 2)

(City)  (State)

Phone Number: (Check box if same as Head of Household)

( )  -  ext.

E-Mail Address: \_\_\_\_\_

Address Type:

Home

Work  \_\_\_\_\_

(Zip)

Phone Type: \_\_\_\_\_

Home  Work

E-Mail Type: \_\_\_\_\_

**Medical Information**

Insurance Company:

Insurance Policy Number:

Physician:

Hospital:

List Medications:

Physician Phone:

Hospital Phone:

List Medical Problems / Allergies:

Disabilities:

Other:

**Pick Up Information (Two people authorized to pick up)**

1.) First Name\*:

Last Name\*:

2.) First Name\*:

Last Name\*:

- Acquaintance
- Child
- Guardian
- Parent
- Relative
- Spouse

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

- Acquaintance
- Child
- Guardian
- Parent
- Relative
- Spouse

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

Phone\*: \_\_\_\_\_

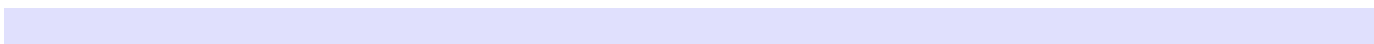
Phone\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

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**Agreements:**

**Signature Required** (Please select the appropriate agreement listed below)

**A. Consent of Member**

I have read and understood Project Garrison's Northwest Baltimore Technology Center (NWBTC) rules. I have read and understood that Project Garrison shall be held harmless and indemnifiable against any acts arising out of the Lab usage.

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

**B. Parent/Guardian's Consent for Internet Access**

I have read and understood Project Garrison, Inc. NWBTC rules for responsible Internet use and give permission for my son / daughter to access the Internet. I understand that the Project Garrison, Inc. NWBTC will take all reasonable precautions to ensure my child cannot access inappropriate materials. I understand that Project Garrison, Inc. cannot be held responsible for the nature or content of materials accessed through the Internet. I agree that Project Garrison, Inc. is not liable for any damages arising from use of the Internet facilities.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**C. Child's Agreement for NWBTC Rules**

I have read and understood Project Garrison, Inc. Northwest Baltimore Technology Center (NWBTC) Rules for Responsible Internet Use. I will use the computer system and Internet in a responsible way and obey these rules at all times.

\_\_\_\_\_  
**Child Signature**

\_\_\_\_\_  
**Date**

