



Youth Diversion Program

559 Bagot Street Kingston ON K7K 3E1
(613)548-4535; www.youthdiversion.org

Application For Improv(e) for Youth

Applicant Information

Full Name: _____ D.O.B _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City Prov. Postal Code*

Phone: ()

E-mail Address:

Why do you want to participate in this program?

Education/Expectations

High School:

Grade:

Describe your interests?

What do you hope to get out of it?

Consent and Signature

I have read the program description, and I understand what is involved in the Improv(e) for Youth Program being offered by the Youth Diversion Program. I consent to participate in the Program.

Signature: _____ Date: _____

Parent/
Guardian
Signature: _____ Date: _____