



Expressive Path Enrollment Application

Referrals are accepted from schools, social service agencies,
juvenile justice agencies, recreation programs, family or self-referral
All mentors have full back ground clearances in accordance with PA state law
(Email completed form back to info@expressivepath.org)

Referred by _____ Phone Number _____

Basic Data & Contact Information:

Youth Participant's Last Name First Name M. I.

Address (including apartment #

City/Town State Zip Code

Home Phone Cell Phone Email Address

Date of Birth Age Male _____ Female _____ Race _____

Name of Home School District: _____ Current Grade: _____

Emergency Contact Name Emergency Contact # Relationship to Participant

Interest Area:

Drawing ___ Painting ___ Photography ___ Guitar ___ Piano ___ Violin ___ Drums ___

Dancing ___ Singing ___ Acting ___ Writing ___ Ceramics ___ Sculpture ___ Printmaking ___

Fashion ___ Fabric/Fibers ___ Graphic Design ___ Other: _____

Do you own an instrument? _____ If yes, what instrument/s _____

Experience in Area of Interest: _____

Goals in Area of Interest: _____

