



ANYTOWN

AUGUST 19 - 24, 2007

NCCJ

Please type or print & answer **all 6 questions**.
Incomplete applications will be returned for completion

Return Application to:
NCCJ-ANYTOWN
1095 Day Hill Rd., Suite 100
Windsor, CT 06095

Name: _____

Address: _____

_____ (city) _____ (state) _____ (zip)

E-Mail Address: _____

Place of Birth: _____

Have you ever applied to attend ANYTOWN before? _____

T-Shirt Size: S M L XL XXL

Telephone Number: _____

Cell/Other Number: _____

Birthday: _____

School you Attend: _____

Grade you will be in Next Year:

9th 10th 11th 12th

To insure diversity at ANYTOWN we ask that you please check any of the following that apply to you:

It is important that you check **at least** one box in each section.

This information is confidential and will not be disclosed or used for any other purposes.

a) CLASS BACKGROUND

- Working Class/Poor
- Middle Class
- Owing Class (Wealthy)

c) RACE

- African American/Black
- Asian
- Indigenous/American Indian
- Latino/a
- Middle Eastern
- White
- Biracial/Multiracial
(please check all that apply)
- Other: _____

b) DISABILITIES

- Yes No
- if yes please list: _____
- _____

d) RELIGIOUS IDENTIFICATION

Please use the line provided to list specific religion in the category provided

- | | |
|---|--|
| <input type="checkbox"/> American Indian: _____ | <input type="checkbox"/> Islam: _____ |
| <input type="checkbox"/> Buddhist: _____ | <input type="checkbox"/> Jewish: _____ |
| <input type="checkbox"/> Christian: _____ | <input type="checkbox"/> Agnostic: _____ |
| <input type="checkbox"/> Hindu: _____ | <input type="checkbox"/> Other: _____ |

e) SEX

- Female
- Male
- Other: _____

Please continue to the back of this form. You must complete all of the questions on the back and send in your \$25 registration fee to have a complete application. If you cannot send the fee, contact Kelly at 860-683-1039 to make arrangements. Thank you!

PLEASE ANSWER ALL QUESTIONS AND MAIL OR E-MAIL TO KBENKERT@NCCJCTWMA.ORG.
THERE ARE NO RIGHT OR WRONG ANSWERS!!! PLEASE ATTACH A SEPARATE SHEET OF PAPER IF YOU
NEED MORE SPACE FOR YOUR ANSWERS.

1. What do you think ANYTOWN is about? What do you expect to do there?
2. What would you like to get out of your ANYTOWN experience?
3. What do you hope to add to the ANYTOWN experience? Why should you be chosen to attend?
4. In your own words, define the terms diversity and prejudice.
5. Have you ever attended any other programs that address diversity issues? Please share.
6. Do you take medications or have any dietary restrictions, allergies, mental health concerns or special needs?

By signing below you recognize that the young person named above is applying to attend the NCCJ ANYTOWN overnight program for August 19 – August 24, 2007.

PARENT/GUARDIAN: _____ APPLICANT: _____ DATE: _____