**NASWI Request for Youth Sponsor**

Your NASWI School Liaison, Teen Coordinator and Youth Center Director will try to assign you to a youth sponsor according to your age/grade and interests.

Please contact the School Liaison at (360) 257-6863 or the Youth Center Director at (360) 257-0889 for additional information.

**Youth first and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: \_\_\_\_ male \_\_\_\_ female**

**Age: \_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_­­­­\_\_\_\_\_**

**School name, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list all hobbies, interests, activities, and clubs:**

**Any further information you wish us to know?**

**Parent/Guardian first and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated arrival date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby give my consent to release my youth’s name and our contact information for participating in the youth/teen sponsorship program. I understand that our contact information may be shared with my youth’s school counselors for supporting my youth with the transition into school.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature Date

Please email form to naswi\_cyp@us.navy.mil or turn it in at the Navy CYP Youth Center located at 54 Wake Avenue, Oak Harbor, WA 98277.