

ADDITIONAL INFORMATION

SUPPORT SYSTEM

1. WHO DO YOU CALL ON WHEN YOU'RE DOWN OR NEED HELP?

MOM DAD GRANDPARENT SIBLING SPOUSE LOVER FRIEND

2. ON A SCALE OF 1-10 WITH 10 BEING THE MOST SUPPORTIVE, HOW WOULD YOU RANK YOUR CURRENT SUPPORT SYSTEM?

1 2 3 4 5 6 7 8 9 10

3. ON A SCALE OF 1-10 WITH 10 BEING THE MOST SUPPORTIVE, HOW DO YOU THINK THAT YOUR CURRENT SUPPORT SYSTEM WOULD RANK YOUR SUPPORTIVE EFFORTS?

1 2 3 4 5 6 7 8 9 10

4. DO YOU HAVE A FAMILY?

NO WIFE/HUSBAND & KID(S) SPOUSE & KID(S) KID(S)

CURRENT SITUATION

1. DO YOU WORK/SCHOOL? IF YES, WHERE AND WHAT ARE YOUR DUTIES/MAJOR?

2. DO YOU HAVE RELIABLE TRANSPORTATION? YES NO

3. DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

4. IF YOU ANSWERED NO TO THE ABOVE QUESTION, WHAT IS THE CURRENT STATUS OF YOUR DRIVER LICENSE.

SUSPENDED/NONPAYMENT TICKETS NEVER HAD DRIVERS LICENSE OR TICKETS

SUSPENDED/NONPAYMENT DRIVERS RESPONSIBILITY DUI/OUIL

ACCUMULATION OF TICKETS AND SUSPENDED LICENSE VIOLATIONS OTHER

PLEASE BRIEFLY EXPLAIN YOUR SELECTION _____

YOU REAP WHAT YOU SOW.....SOW SEEDS OF SUCCESS

NAME _____

DATE _____

ADDITIONAL INFORMATION

1. DO YOU PLAY BASKETBALL? YES NO IF YES, HOW OFTEN?
NOT SO MUCH/ITS BEEN A LONG TIME EVERY WEEK AT BMO/EVERYDAY IF POSSIBLE

2. IF YES TO ABOVE, ON A SCALE OF 1-5 HOW GOOD ARE YOU?
1 BEING TERRIBLE 2 3 4 5 BEING ATLEAST COLLEGE LEVEL.

3. ARE YOU PHYSICAL? YES NO

4. DO YOU EXERCISE? YES NO

CARDIO? CALISTHENICS? WEIGHTS? I DO IT ALL

5. IF YES TO ABOVE, HOW OFTEN?
EVERY DAY ONCE A WEEK EVERY OTHER WEEK OR LESS

6. IF NO, WOULD YOU BE INTERESTED IN EXERCISING WITH OTHER BMO MEMBERS?
YES NOT REALLY

7. HAVE YOU EVER PLAYED AN ORGANIZED SPORT? YES NO

8. ARE YOU FAMILIAR WITH FUNDRAISING? YES NO

9. WOULD YOU BE WILLING TO HELP BMO'S SKILLED TRADE ENROLLMENT ASSISTANCE PROGRAM RAISE FUNDS TO CONTRIBUTE TOWARDS TOOLS AND TUITION FOR STEAP GRADUATES? YES NO

10. IF YOUR LICENSE IS VALID, WOULD YOU STILL BE WILLING TO HELP RAISE FUNDS TO HELP OTHERS GET INTO THE TRADE AND CHANGE THEIR LIVES? YES NO