

## **Participant Application**

*Street's Hope provides services for people experiencing exploitation associated with Human Trafficking*

**Instructions:** Please answer all questions as honestly and completely as possible. No answers are right or wrong. If something does not apply to you, write "N/A".

### **BASIC INFORMATION**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Gender Pronouns: \_\_\_\_\_

Current Living Situation (i.e. – apartment, family, shelter, prison, homeless, motels, pending eviction) \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

May we leave a message or email you identifying as Street's Hope?  Yes  No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Primary Language: \_\_\_\_\_

### **STREET'S HOPE PROGRAM**

**What are your three biggest needs?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Is there anything else you would like us to know?**

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*Street's Hope does not discriminate on the basis of race, ethnicity, sexual orientation, national origin, language, age, disability, or religious creed. Unless you give us specific permission to share, we will protect your information and privacy.*

**Agreement:** *I acknowledge that I am applying to be considered for participation in Street's Hope program. I certify that the information I provided in this application is honest and correct to the best of my knowledge. Street's Hope reserves the right to verify all information provided in this application.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Submit completed applications by email or postal mail:**

Street's Hope  
P.O. Box 19416

Phone: 303.433.2712

Email: [services@streetshope.org](mailto:services@streetshope.org)

Denver, CO 80219