

We appreciate LEGIBLE writing on our forms. Thank you!

Name:	
Birth Date:	Age:
School:	
Today's Date:	

<Insert a picture of yourself here, if you wish>

What are your hobbies/interests in and out of school?

What have you done in your life that are you most proud of?

What, about yourself, do you still want to work on or change?

Being part of a program or group means adapting to the norms of that group—what it takes to make is successful. In this case, that will mean being willing to try different foods, give up some unhealthy foods during the program, and not texting/phoning/tuning out during program activities. These aren't so easy to do for some youth. Do you think you can do them?

Please give this form to your school coordinator, if applicable, or mail/fax to:

TRISKELES FOUNDATION: Mark Birdsall, Director of Youth Programs

707 Eagleview Boulevard Suite 105, Exton, PA 19341

Phone: 610-321-9876 **Fax:** 610-321-0995 **Email:** mdbirdsall@triskeles.org **Website:** www.triskeles.org

List five foods you eat which you consider to be <u>unhealthy</u> .

What are you most excited about learning or doing during Triskeles' Food for Thought Program?
1. Cooking (tell us about any past experience)
2. Gardening and/or farming (tell us about any past experience)
3. Working as part of a team or leading others (tell us about any past experience)

What are you nervous or unsure about?

Is there anything else you'd like us to know about you?

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