

Second Chance Tattoo Removal Program

~ CARECEN/Special Programs for Youth ~

Participant Application

Tattoo Removal Program is looking for highly motivated people who want to change their lives for the better. The goal of this program is *to remove participants' gang-related visible tattoos*, making it easier for them to *find jobs and keep their lives on track*. To help us to decide if you qualify for the program, fill out this application. You need to answer every question the best you can. We will be in touch with you soon to let you know if you have been accepted. If you have any questions, please call us @ 415 642-4425.

Name of Applicant: _____ Today's Date: _____

Age of the Applicant: _____ Home Phone: _____

Date of Birth: _____ Other Phone: _____

Address: _____ City: _____ Zip Code: 94 _____

Email Address: _____

Referred by: _____ Telephone: _____

Requirements include attendance at a program orientation, participating in educational workshop and completion of volunteer community service hours.

1. Please describe each of your tattoos and where they are located.

2. Are your tattoos professional or homemade?

3. Why did you get your tattoos?

4. Why do you want to have your tattoos removed?

5. Why is this the right time for you to make a change in your life?

6. Having tattoos removed requires three or more treatments and may take up to one year. Will this long-term commitment present any problems for you? If so explain.

CARECEN

Second Chance Tattoo Removal Program
1245 Alabama St., San Francisco, CA 94110

tattooremoval@yahoo.com

Tel. (415) 642-4416 ,

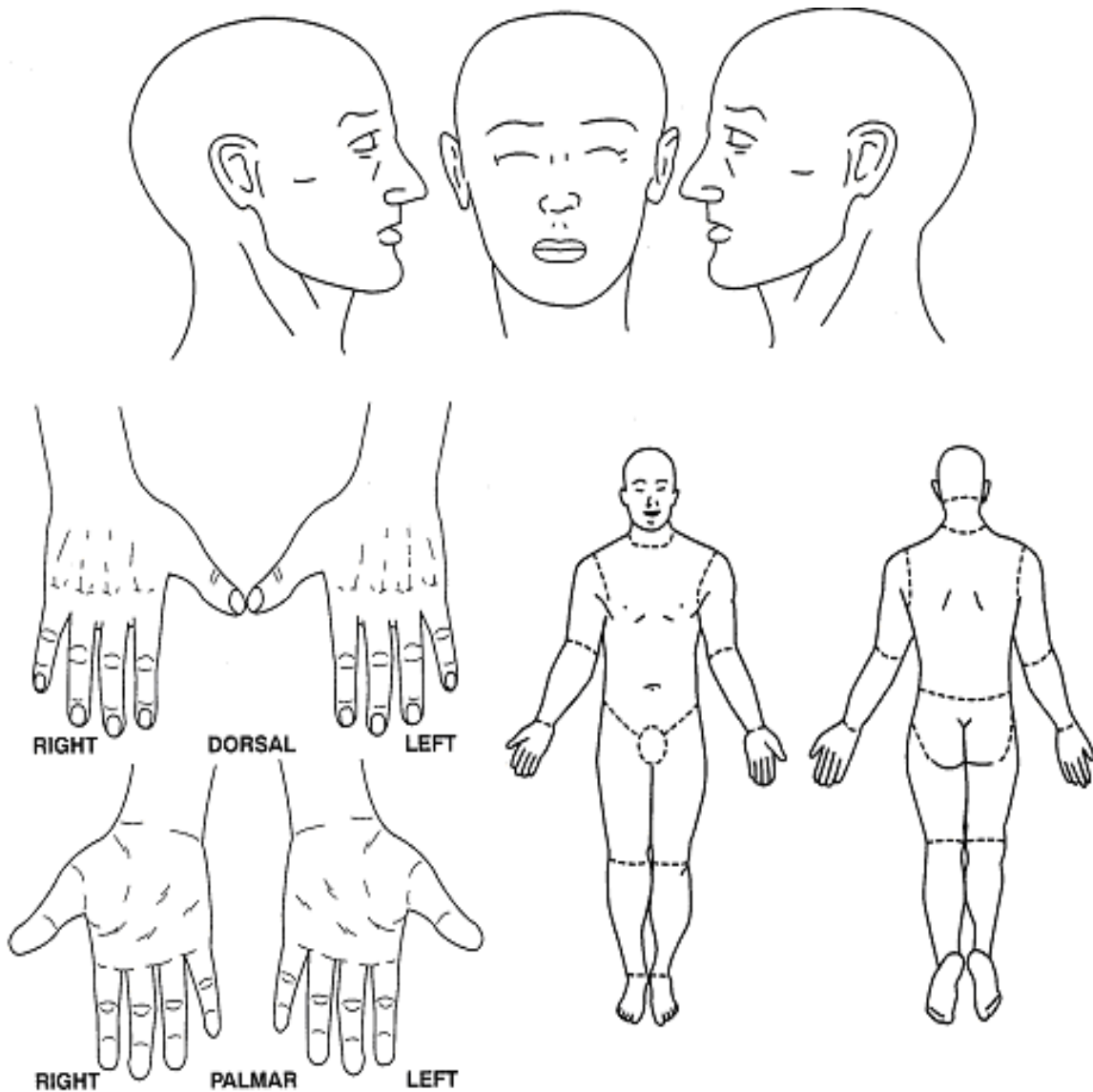
Fax: (415) 824-2806

WWW.CARECENSE.ORG

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Tattoo Site Documentation Record

Instructions: Indicate location of tattoo(s) by drawing each tattoo. If applicable indicate any changes from initial documentation on the back page.



Signature: _____

Date: _____

Case Manager: _____

Date: _____