

IYG Pen Pal Application
P.O. Box 20716, Indianapolis, IN 46220

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Age: _____ Birthdate: _____ ???

Gender: Male Female Transgender Ethnic Background/Race: _____

Are you in school? Yes No Grade? _____ Are you in college? Yes No Year? _____

Sexual Orientation: Gay Lesbian Transgender Questioning Straight

What gender pen pal are you interested in?

Male Female Transgender

What type of music do you like:

What type of movies do you like?

What recreational activities or sports do you participate in?

Do you have any interests or hobbies:

Anything else you would like to share?

I give permission to IYG to give out my name to those identified as a compatible match as a pen pal.

Signature

Date

Very Important All youth in the network must be between the ages of 12 and 20. To make sure that this safety guideline is followed, you **MUST** send us a copy of either your school ID, driver's license, or birth certificate.

If you wish to be placed on the IYG Pen Pal Network System, please fill out this application and return it to IYG along with a copy of a document that proves your age.

All of the information you give is totally confidential and only your first name will be given to your pen pal.