

SALT LAKE AREA GANG PROJECT



PARTICIPATING AGENCIES

Bureau of Alcohol, Tobacco, Firearms & Explosives
Cottonwood Heights Police Department
Draper Police Department
Granite School District Police Department
Murray Police Department
Salt Lake County District Attorney's Office
Salt Lake County Sheriff's Office
South Salt Lake Police Department
Taylorsville Police Department
Unified Police Department of Greater Salt Lake
United States Attorney's Office
United States Marshals Service
Utah Department of Corrections —
Law Enforcement Bureau
Utah Department of Human Services —
Division of Juvenile Justice Services
Utah Department of Public Safety —
State Bureau of Investigation
SHOCAP



TATTOO REMOVAL PROGRAM APPLICATION

***** ALL AREAS MUST BE FILLED IN COMPLETELY*****

Date: _____

Personal Data

Full Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Hair Color: _____ Weight: _____

Eye Color: _____ SSN: _____ DL #: _____

Full Legal Name of Parents: _____

Parents' Street Address: _____

City: _____ State: _____ Zip Code: _____

Parents / Guardian Phone #s: () _____ () _____

Description and Location of Tattoos

Gang Background (Your)

Name of Gang: _____ Street Name: _____

Age When First Joined: _____ Currently active in a gang? _____

Reason for Joining: _____

How did you leave the gang? _____

Are you currently on probation or parole? _____

If yes: Agent's Name: _____ What State? _____

P.O. Contact Phone Number: _____

Current Activities

School Name: _____
Principal's Name: _____ Phone # _____
City: _____ State: _____ Zip Code: _____
Employer's Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Future Goals & Plans: _____

Using a separate sheet of paper, explain why you should be accepted for the Tattoo Removal Program?

Applicant Signature: _____

I give my permission for _____ to participate in the Juvenile Tattoo Removal Program pursuant to the terms and conditions I have agreed to.

Parent/Guardian Signature: _____