

IYG Pen Pal Application

Name: _____

Email Address: _____

Postal Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Date of Birth: _____

Gender: Male Female Transgender (MTF FTM) Genderqueer/Non-binary Other:

Sexual Orientation: Lesbian Gay Bisexual Questioning Straight Pan/Poly Other:

What gender pen pal are you interested in? Male Female Transgender (MTF FTM either)
Genderqueer/Non-binary Other:

How do you wish to be contacted by IYG and your pen pal? Email Postal Mail

What are your interests or hobbies?

Anything else you would like to share?

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

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 your school ID, driver's license or birth certificate.

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

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.

You can either email this application to brookhill@comcast.net or mail it to:

IYG Pen Pal
3733 N. Meridian St.
Indianapolis, IN 46220