



# COLAGE PEN PAL APPLICATION

Mail this form to: **COLAGE**  
**3543 18<sup>th</sup> St., #1**  
**San Francisco, CA 94110**

*Please allow time for your pen pal to respond. Unfortunately, we cannot guarantee a perfect match or a response.*

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**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
Required Required

**Birthdate (including year):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_\_  
Required

**Gender:** \_\_\_\_\_ **Race/Ethnicity:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_  
Required (If Available)

**Address:** \_\_\_\_\_  
Required

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Do you have (Check all that apply):** Required  
 Lesbian/Bisexual Mom(s)     Gay/Bisexual Dad(s)     Transgender Parent(s)

**Have any of your parents divorced or separated?**  
 Divorced     Separated

**Do you attend meetings or go to a COLAGE chapter in your area?**  
 Yes     No

**If yes, which one?** \_\_\_\_\_

**Tell us about yourself (for example, hobbies, interests):** Required

**Please tell us about your family:** Required

**Describe what you would like in a pen pal:** Required

**What language(s) other than English do you speak?**

**Would you be willing to correspond with a pen pal who speaks one of these languages?**

Yes

No

**Would you rather e-mail or write your pen pal?**

Email

Postal mail

Both