2015 State Funded Youth Employment Program

APPLICATION OF INTEREST
Completion of this application does not guarantee a slot in the program. This program is currently PENDING funding. Youth will be notified if the program is funded and they are selected.

INSTRUCTIONS
Please print and complete all sections of the application in ink. Also complete the required attachments listed on page 4 and attach to this application.

You must meet income guidelines to participate in the 2015 State Funded Youth Employment Program.
- If you currently receive free or reduced lunch, please skip Section 7 on page 3 of this application.
- If you do not receive free or reduced lunch, please complete Section 7 on page 3 of this application.

IT IS THE POLICY OF EASTCONN, NORWICH YOUTH AND FAMILY SERVICES AND NEW LONDON YOUTH AFFAIRS NOT TO DISCRIMINATE ON THE BASIS OF RACE, COLOR, AGE, RELIGION, SEX, HANDICAPPING CONDITION OR NATIONAL ORIGIN IN ANY OF ITS EDUCATIONAL PROGRAMS, ACTIVITIES OR EMPLOYMENT POLICIES.

1. GENERAL INFORMATION

Name__________________________________________________________________________

First Name               Middle               Last Name

Address_______________________________________________________________________

Street                      Apt. #                  City                     State                    Zip Code

Home Phone ___________________   Cell Phone ___________________

2. EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

Name__________________________________________________________________________

Home Phone ___________________   Relationship to Student ____________________
3. DEMOGRAPHIC INFORMATION

Date of Birth  / /  *Youth must be at least 14 years old and no older than 21 years old by 7/1/2015.

Social Security Number  *** – ** – ___
(Last 4 digits Only)

Gender  □ Male  □ Female

What is your race? Please check all that apply.
□ Black  □ Asian  □ American Indian or Alaska Native
□ White  □ Some other race  □ Native Hawaiian or Other Pacific Islander

Are you Hispanic or Latino?  □ Yes  □ No

4. ACADEMIC INFORMATION

What school do you currently attend? ___________________________ Grade Level _____

What is your current Education Status?  □ Enrolled in High School
□ Completed High School
□ Dropped Out of High School

5. PROGRAM HISTORY

Have you ever participated in the Summer Youth Employment Program?
□ Yes  □ No

6. CAREER INFORMATION

WORK EXPERIENCE, SKILLS, INTERESTS OR PERSONAL ATTRIBUTES THAT YOU HAVE:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
REFERENCES:

Please list people who have closely observed your work as an employee or student.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Telephone</th>
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7. INCOME QUALIFICATION

** Only complete this section if you do not qualify for free or reduced lunch **

___ Check here if you receive SNAP (food stamps) and/or TANF. Attach proof to this application.

<table>
<thead>
<tr>
<th>Family size (number of family members)</th>
<th>$_________________</th>
<th>185% Poverty Income $1</th>
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<tbody>
<tr>
<td>Family size</td>
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</tr>
<tr>
<td>1</td>
<td>$21,774.50</td>
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</tr>
<tr>
<td>2</td>
<td>$29,470.50</td>
<td></td>
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<tr>
<td>3</td>
<td>$37,166.50</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>$44,862.50</td>
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<tr>
<td>5</td>
<td>$52,558.50</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$60,254.50</td>
<td></td>
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<tr>
<td>7</td>
<td>$67,950.50</td>
<td></td>
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<tr>
<td>8</td>
<td>$75,646.50</td>
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</tbody>
</table>

EWIB Partners may verify your eligibility during the application process or during the program. This includes requesting documentation such as pay stubs to verify that the above information is correct.

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This chart represents the maximum income levels for a family to qualify and or participate in the minimum level subsidized school meal program. For a family size over 8 add $7,696 per family member.
I understand and authorize the release of this information to the Eastern Connecticut Workforce Investment Board Partner Agencies for regulatory and internal processes associated with employment, payroll, and funding. I certify that all of the information in this application is true and correct to the best of my ability and that all income is reported. I understand that the Eastern Connecticut Workforce Investment Board Partner Agencies may verify any information contained in this application.

I understand that this application must be submitted with the required forms and copies of supporting documentation.

CHECKLIST: The following items are required for your application to be complete.

Copies of the following items should be attached to this application:

- Social Security Card
- Birth Certificate
- Unofficial school transcript (with SASID number included)
- Proof of Free or Reduced Lunch and/or other income proof (part 7 of application)
- Photo Identification (if you are 18 years old or older)
- Three (3) Release Forms (attached)

CAUTION: Applications submitted without copies of supporting documentation and properly signed forms will be considered INCOMPLETE. Your name will not be added to the 2015 State Funded Youth Employment Program roster and/or waiting list until a completed application is submitted.

Applicant’s Signature ___________________________ Date __________

Parent/Legal Guardian’s Signature ___________________________ Date __________

(Required if applicant is under 18 years old)

Please return the completed application to one of the offices listed below. Do NOT fax applications.

Cyndi Wells, EASTCONN, 376 Hartford Turnpike, Hampton, CT 06247
Cindy Alvarez, New London Youth Affairs, 120 Broad Street, New London, CT 06320
Pat Dixe, Norwich Youth and Family Services, 80 Broadway, Norwich, CT 06360
Statement / Photo Release
Eastern CT Workforce Investment Board
108 New Park Avenue
Franklin, CT 06254

I hereby give my consent to the Eastern CT Workforce Investment Board (EWIB) a non-profit organization, and its cooperating agencies (EASTCONN, Norwich Human Services and New London Youth Affairs), its legal representatives, successors and assigns, employees and any person acting with its permission, upon its authority or on its behalf, to use my name, voice, verbal statements, and portrait or picture (motion or still) for advertising purposes, for purposes of trade, public information, or for any lawful purpose whatsoever.

____________________________________
Printed Name

____________________________________
Signature

____________________________________
Address

____________________________________
Date

Parental Consent required if youth under 18 years old

Parental Consent:

I hereby certify that I am the parent and/or guardian of _________________________ a minor under the age of eighteen years and I hereby consent that any statements and/or photographs which have been, or are about to be made of my above named minor by the EWIB and its cooperating agencies (EASTCONN, Norwich Human Services, and New London Youth Affairs), may be used by the EWIB and its cooperating agencies (EASTCONN, Norwich Human Services, and New London Youth Affairs), for the purposes set forth in original release hereinabove, signed by the minor, with the same force and effect as if executed by me.

____________________________________
Parent or Guardian Signature

____________________________________
Address

____________________________________
Date
SCHOOL RECORD

YOUTH EMPLOYMENT AND TRAINING PROGRAM 2015

REQUEST FOR RELEASE OF RECORDS

To be completed by student and parent/guardian:

I hereby give permission for __________________________ to release copies of the school records of __________________________ to the

Applicant’s current school

Applicant’s name

Youth Employment and Training Program for the purpose of his/her application to the Youth Employment and Training Program. Such records include, but are not limited to, verification of enrollment in school and proof of residency/address. I understand that all records provided to the Youth Employment and Training Program will be maintained on a confidential basis.

__________________________________________________________________________  __________
Parent/Guardian Signature                                       Date

__________________________________________________________________________  __________
Applicant Signature                                                  Date
MEDICAL RELEASE FORM

Youth Employment Form 2015

This form will cover all Youth Employment Program 2015 activities.

Name: _________________________________________________________________
Date of Birth: ___________________________________________________________________________________________
Home Address: ___________________________________________________________________________________________
Parent/Guardian Name: _________________________________________________________________
Parent/Guardian Work Telephone Number: _______ Home/Cell Number: _______________________
Emergency Contact: _______________________ Telephone Number: _______________________
Family Physician: ________________________ Telephone Number: _______________________
Insurance Company: ___________________________ Policy Number: _______________________

I give permission for _________________________ to participate in all Youth Employment activities and field trips. I understand that the Youth Employment staff may, if necessary for my child’s health, have him/her hospitalized or use outside medical aid in case of an emergency. This treatment would be at the parent’s/guardian’s own expense.

Date: __________________ Signature: __________________________________________

List any allergies and specify degree and severity:

Please describe any work restrictions or health concerns that may hinder work activity:

Please list any medications that will accompany your child to the site or during any Youth Employment Program activity. (Youth must be able to administer medication to him/herself)

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Dosage</th>
<th>How often</th>
</tr>
</thead>
</table>

Date: __________________ Signature: _____________________________