



PROGRAM APPLICATION

NAME (FIRST/LAST)	GENDER	BIRTHDATE	AGE
HIGH SCHOOL	COUNSELOR	GRADE	
CONTACT INFORMATION:			
ADDRESS:			
CITY:	STATE:	ZIPCODE:	
HOME PHONE: () -	CELL PHONE: () -		
EMAIL :	FACEBOOK/TWITTER TAG:		
PARENT/GUARDIAN(S) NAME:	PHONE: () -		
HAVE YOU EVER APPLIED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO DID YOU COMPLETE THE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE: (Please check all that apply) <input type="checkbox"/> DRIVERS LICENSE <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> G.E.D. <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> CHILDREN [If yes, list names & ages: _____]			
CAREER GOALS/INTEREST			
WHAT DO YOU WANT TO BE WHEN YOU GRADUATE?			
WHAT COLLEGE(S) ARE YOU INTERESTED IN? 1 st CHOICE: _____ 2 nd CHOICE: _____			
EMPLOYMENT			
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE DO YOU WORK & TITLE? _____			
How long have you been at this job?			
What is your school and work schedule? Please, also include extracurricular activities i.e. sports, church?			
ASSISTANCE			
Do you or anyone in your house receive public assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK ALL THAT APPLY BELOW <input type="checkbox"/> Food Stamp <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Pensions <input type="checkbox"/> Armed Forces <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Social Security/Supp Security Income (SSI) <input type="checkbox"/> Other, Specify: _____			
Are you or anyone in your house in danger of losing that assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PROGRAM INTEREST [Please check all you are interested in]			
EMPLOYMENT: <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Job Search Assistance <input type="checkbox"/> Work Mentor			
EMPOWERMENT: <input type="checkbox"/> U CAN Advocate <input type="checkbox"/> Budgeting Training <input type="checkbox"/> Community Mentor			
EDUCATION: <input type="checkbox"/> College Prep [ACT/SAT] <input type="checkbox"/> Financial Aid 101 <input type="checkbox"/> Career Mentor			
How did you hear about us? <input type="checkbox"/> Friend/Parents <input type="checkbox"/> School Counselors <input type="checkbox"/> Web/Facebook <input type="checkbox"/> Agency <input type="checkbox"/> Other			



PERMISSIONS

[17 or younger/ 18 or older – please circle one]

RELEASE OF LIABILITY AGREEMENT

I, _____, agree to participate in Youth Empowerment Zone (YEZ) Programs [up to the 22nd birthday or until voluntarily or involuntarily terminated]. I agree that I will not hold YEZ or any staff liable for any damages or injuries that may occur while participating in YEZ programs by signing this document.

Signature: _____ Date: _____

Signature of Parents (if under 18): _____ Date: _____

Address: _____

Phone: _____ Alt. Phone: _____

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the Youth Empowerment Zone Programs to release and obtain personal information concerning _____ (Participants Name) for the purpose of assisting me or my son/daughter with obtaining employment, mentors, entrepreneurship and continuing education goals. I understand this information will only be used to ensure quality services. No information obtained will be re-released without my express permission.

Participant Signature: _____ Parent Signature: _____

MEDIA RELEASE

I hereby grant permission to be photographed/ interviewed voluntarily and without compensation, understanding that the same is intended for publication by print media, newspaper, television, or video.

I additionally consent to the use of my name in connection with the publication by print media, newspaper, television, or video of photographs taken of me.

Participant Signature: _____ Parent Signature: _____

EMERGENCY CONTACT [Someone to contact in case of emergency]:

Name: _____

Address: _____

Phone: _____

Signature YEZ Staff: _____ Date: _____



PARENTAL PROGRAM PARTICPATION CONSENT

1. I hereby consent to allow my minor child/ward _____ to take part in the activities at the Youth Empowerment Zone. I understand that information about my child/ward and my family may be shared among Program staff and that the staff is required to keep such information confidential.
2. My child/ward's part in this program:
 - a. He/she will answer a group of questions about him/herself in an effort to match him/her with a mentor, to evaluate the program, and most importantly to help staff learn how to best support him/her
 - b. He/she will spend approximately one hour a week with his/her mentor
 - c. He/she will fully participate in all or most sessions (at least 90%) of the Programs
3. How this program hope to help my child/ward:
 - a. Help him/her form a friendship with a volunteer mentor
 - b. Provide opportunity for him/her to learn new life and job skills
 - c. Provide opportunity to fully explore education and career options
4. I give Program staff my permission as the parent/guardian of this child to obtain attendance and academic (grade reports) records from my child/ward's school in order to help Program better serve my child/ward whenever Program staff deems it necessary.
5. In addition:
 - a. I understand that his/her participation in this program is voluntary and that he/she can choose to leave at any time.
 - b. He/she has been told that if it is revealed that he/she has been abused that it will be reported to the proper authorities and that any information given while in this program may be subpoenaed and told in court.
 - c. I understand that the Program staff will keep any information (except for that in b. above) about me and my family confidential.

All my questions about the program have been answered. If I have any further questions about this program, I can contact Program Staff

Parent/Guardian Signature: _____ Date: _____



PROGRAM PARTICIPATION AGREEMENT

I (print name) _____ agree to participate in Youth Empowerment Zone [YEZ] programs. I understand that:

- Youth Empowerment Zone is a drug free environment. I will not attend programs under the influence of any controlled substance or alcohol. I agree to be prepared and read to work (sober).
- While attending JRT I agree to participate in all activities.
- An important part of YEZ programming is mentorship support. My mentor is there to act as a friend and support person. The mentor relationship may go beyond job/career boundaries, but if it is extended, my mentor and I will mutually agree upon it.
- I must participate in job readiness or career development training that may be required to improve my job hunting skills and employability.
- It is my responsibility to find a job. Staff will help me by providing leads, references, and support. _____(initial)
- I will be on time for job interviews and follow the employers' instructions given at the interview.
- I will contact YEZ program staff upon completion of any interview with an employer in order to discuss the results of the interview process.
- I must remain employed at my job-site for at least (3) months once hired.
- I will discuss any possibilities of resigning or leaving an employer with the YEZ program staff prior to submitting a resignation. _____(initial)
- YEZ program staff may share information regarding my background and/or placement history that will be used to facilitate employment and the match relationship. All information will be held in the strictest confidence. Mentors participating in the program will sign statements of confidentiality to further protection of information

I agree to follow the following process to help me find and retain employment:

- I will attend and successfully complete 15 hours of JRT.
- I will follow through with job leads (contact employers, fill out applications, dress appropriately for interviews)
- After obtaining employment, YEZ staff will maintain contact with my employer and me. If there are problems that I need help with, I will immediately contact YEZ staff.
- YEZ will conduct monthly support group meetings. I pledge to attend and actively participate at each monthly support group meeting. _____(initial)

Participant Signature: _____ Date: _____



ASSESSMENT

FAMILY	FATHER	MOTHER
NAME		
AGE		
PLACE OF EMPLOYMENT		
HIGHEST EDUCATION LEVEL		
ADDRESS		
PHONE		
DESCRIBE RELATIONSHIP		

Please list any siblings [*Name & Ages*]:

PARTICIPANT HISTORY	YES	NO
Have you ever been in custody of the state?		
Do you have any health problems?		
Do you take any medications?		
Have you ever suffered abuse? [verbal, physical, and/or sexual]		
Have you ever sought counseling?		
Do you have any learning barriers?		
Have you ever used drugs or alcohol?		
Have drugs or alcohol cause problems with performance at school?		
Have you ever been on probation or parole?		
Have you ever been involved in juvenile courts?		
Have you ever committed a crime?		
Do you have any cases pending?		
Have you ever had any assault and /or drug offenses?		
If Yes, Please Explain:		
Were you referred to this organization? If yes, by whom?: _____		
Are you currently or have you ever participated in Boys & Girls Club?		
Are you currently or have you ever participated in Day Treatment?		
Are you currently or have you ever participated in a Mentoring Program?		
Are you currently or have you ever participated in Church Activities?		
Are you currently or have you ever participated in DFS, DYS, DMH?		
Are you currently or have you ever volunteering or interested in volunteering?		
Are you currently doing community service with or without court order?		



SKILLS IDENTIFICATION

DIRECTIONS: Please place a check mark by all the things you like [if any] under each section.

SECTION 1: Communication		
Express ideas	Listen & Ask Questions	Greet People
Take Messages	Help People	Public Speaking
SECTION 2: Information Technology		
Knowledgeable about social media	Create Websites	Find information using technology
SECTION 3: Finance & Numbers		
Study Numbers & Facts	Add up totals	Count Money
Count Stock or Merchandise	Sell items	Price Comparisons
SECTION 4: Building & Repairing		
Drive or Operate vehicles	Repair Electronics	Operate tools or machinery
Use hands to work	Build bookshelves	
SECTION 5: Creative		
Like to perform	Like to Act	Play instruments
Write short stories	Write poetry	Write Music/Rap
SECTION 6: Problem Solver		
Find Problems	Look for solutions	Implement solutions
SECTION 7: Leadership		
Make decisions	People generally follow you	Help others come to agreements
Plan meetings or projects	Take Risks	Show others what to do
SECTION 8: Positive Attitude		
Positive Outlook	Respectful when working with others	Recognize others good efforts
Encourage others to be successful	Open to change	
SECTION 9: Responsible		
Set goals	Balancing family & school life	Punctual
Dependable	Plan & Achieve goals	Volunteer
SECTION 10: Team Player		
Respect peoples differences	Accept feedback with consideration	Lead / support when appropriate
Teach others	Give people advice	Patient with others
Additional Questions:		
In what areas would you like to see improvement? [Attitude, self esteem, school, etc.]		
What barriers would stand in the way of improvement? [family, tutoring, housing, etc]		