



## 2018 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. All youth with a complete application will be interviewed to assess career interests and abilities. The Summer Youth Employment and Training Program places eligible youth in paid, temporary work based internships. Selected applicants will be paid to work between 75-100 hours during July and August.

### INSTRUCTIONS

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

You must meet income guidelines to participate in the 2018 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

E-mail address:

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



**2. EMERGENCY CONTACT INFORMATION**

---

**In case of an emergency, please contact:**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

**3. DEMOGRAPHIC INFORMATION**

---

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Youth must be at least 14 years old and no older than 21 years old by 7/1/2018.  
MM/DD/YYYY

Social Security Number \*\*\* - \*\* - \_\_\_\_\_ Gender  Male  Female  Other  
(Last 4 digits Only)

**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 Middle or High School
  - Completed High School
  - Dropped Out of High School

**5. PROGRAM HISTORY**

---

Have you ever participated in the Summer Youth Employment and Training Program?

Yes  No When \_\_\_\_\_ Where: \_\_\_\_\_

**Are you currently employed?** \_\_\_\_\_ **If yes, where?**

\_\_\_\_\_



**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.**

Name	Position	Address	Telephone

**7. INCOME QUALIFICATION (TO BE COMPLETED WITH A PARENT/GUARDIAN)**

**\*\* 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.**

Family income	\$ _____	185% Poverty Income <sup>1</sup>	
		Family size	Income
Family size (number of family members)	_____	1	\$21,774.50
		2	\$29,470.50
		3	\$37,166.50
		4	\$44,862.50
		5	\$52,558.50
		6	\$60,254.50
		7	\$67,950.50
		8	\$75,646.50

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.

<sup>1</sup> 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.



**PLEASE READ CAREFULLY BEFORE SIGNING**

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 must 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)
- School Release Form, Medical Release Form, Photo Release Form (attached)

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Legal Guardian's Signature**

*(Required if applicant is under 18 years old)*

\_\_\_\_\_  
**Date**

**Please return the completed application to one of the offices listed below.**

**Do NOT fax or e-mail applications.**

Willimantic and Danielson offices: Cyndi Wells, EASTCONN, 1320 Main Street, Willimantic, CT 06226 or  
Connie Sipos, 562 Westcott Road, Danielson, CT 06239

Norwich office: Pat Dixe, Norwich Youth and Family Services, 100 Broadway, Room 212, Norwich, CT 06360

New London office: Cindy Alvarez, New London Youth Affairs, 120 Broad Street, New London, CT 06320



## 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 2018

REQUEST FOR RELEASE OF RECORDS

To be completed by student and parent/guardian:

I hereby give permission for \_\_\_\_\_ to release copies

Applicant's current school

of the school records of \_\_\_\_\_ to the

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 2018

This form will cover all Youth Employment Program 2018 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.

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)

Name of medication Dosage How often

Date: \_\_\_\_\_ Signature: \_\_\_\_\_