



SAN FRANCISCO YOUTHWORKS

SUMMER 2011 APPLICATION

Thank you for your interest in San Francisco YouthWorks, a unique high school internship program designed to expose youth to public service careers while developing their work readiness skills.

Contact us at 415-202-7911 or janderson@jcyc.org with any questions.

APPLICATION DEADLINE: Friday, April 29, 2011 by 5pm

ELIGIBILITY REQUIREMENTS:

In order to apply for SF YouthWorks, you must meet **ALL** of the following requirements:

- Be entering the 11th or 12th grade for the 2011-2012 school year
- Live AND go to school in San Francisco
- Be able to work at least 10 hours per week
- Commit to participate for the entire summer session (June – August 2011)
- Be able to provide a copy of all legally required **Employment Documents** IF accepted into the program:
 - Social Security Card (must be original and signed)
 - Picture ID (CA ID, School ID, Passport, etc.)
 - Proof of Age (if ID does not list birth date)
 - Valid Permanent Resident / Alien Card (if applicable)

TURNING IN YOUR YOUTHWORKS APPLICATION:

Applications must be **received** in our office (not postmarked) **before 5pm on Friday, April 29, 2011**

Submit your completed application:

Submit by mail or person to:

San Francisco YouthWorks,
2012 Pine Street (@Laguna) 2nd Floor,
San Francisco, CA 94115

OR

Complete your application online:

www.sfyouthworks.org

READ THIS IMPORTANT INFORMATION BEFORE APPLYING:

- Almost all YouthWorks internships are clerical (filing, data entry, customer service, etc.) and offer work hours only from Monday to Friday between 9am and 5pm.
- Youth who are not accepted into the program will be placed on our waiting list and contacted during the session if any internship openings occur. We **do not carry over waiting lists** from one session to the next.
- YouthWorks cannot accept faxed or emailed applications.
- YouthWorks makes acceptance decisions based on availability to work, barriers to employment, past work/volunteer experience, quality of short answer and assessment interview responses, and match with internship openings. All eligible candidates are encouraged to apply, but the priority will be given to those whose circumstances may lead to barriers to employment.
- Youth may not participate in MYEEP or SYEP and YouthWorks during the same session.
- In addition to the internship, participants will attend some workshops and events.
- If you have previously participated in YouthWorks, you must receive advance authorization from your Employment Coordinator to re-apply.

INSTRUCTIONS: Please complete the entire application by typing or printing clearly in blue or black ink. Incomplete or partial answers to any questions will affect your chances of acceptance.

PERSONAL INFORMATION:

First Name: _____ **Middle Name:** _____

Last Name: _____

Street Address: _____

*YouthWorks will mail acceptance letters, paychecks, and program information to this address.

City, State & Zip Code: _____

*You must live in San Francisco to participate in YouthWorks— no exceptions!

Home Phone: (____) _____ **Cell Phone:** (____) _____

Email Address: _____

Social Security Number:

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SCHOOL INFORMATION:

Grade in 2011-2012: 11th 12th

School in 2011-2012: _____

*you must attend school in San Francisco to participate in YW

Other Services: Do you have an IEP (Individualized Educational Program)? Yes No Not Sure

English Fluency Level: (Please select from boxes below)

- Fluent (Native English speaker, speak very well, etc.)
- Somewhat Fluent (ESL student, speak English somewhat well, etc.)
- Not Fluent (Non native English speaker, do not speak English, etc.)

DEMOGRAPHIC INFORMATION: *(responses will not affect eligibility)*

Date of Birth:

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Gender: Female Male Other

Other Demographics (please check all that apply):

LGBTQ I provide financial support to my family I am a parent

I have a Probation Officer. P.O. name: _____ Phone number: _____

I have a Case Manager. Case Manager name: _____ Phone number: _____

Race / Ethnicity: Check the box corresponding to your race/ethnicity.

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Middle Eastern – Arab |
| <input type="checkbox"/> Other Black (please specify below) | <input type="checkbox"/> Middle Eastern – Iranian |
| <input type="checkbox"/> Asian – Chinese | <input type="checkbox"/> Middle Eastern – Other (please specify below) |
| <input type="checkbox"/> Asian – Filipino | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Asian – Japanese | <input type="checkbox"/> Pacific Islander – Tongan |
| <input type="checkbox"/> Asian – Korean | <input type="checkbox"/> Pacific Islander – Samoan |
| <input type="checkbox"/> Asian – Laotian | <input type="checkbox"/> Pacific Islander – Other (please specify below) |
| <input type="checkbox"/> Asian – Thai | <input type="checkbox"/> White/European American |
| <input type="checkbox"/> Asian – Vietnamese | <input type="checkbox"/> Other White (please specify below) |
| <input type="checkbox"/> Asian – Other (please specify below) | <input type="checkbox"/> Multiracial/Multi Ethnic _____ |
| <input type="checkbox"/> Hispanic/Latino – Mexican/Mexican American | <input type="checkbox"/> Other (please specify below): |
| <input type="checkbox"/> Hispanic/Latino – Central American | |
| <input type="checkbox"/> Hispanic/Latino – Other (please specify below) | |

If you selected a box that included **Other**, please specify: _____

HOUSEHOLD INFORMATION:

Living Situation (*Please check all that apply*)

- | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Foster Home | <input type="checkbox"/> Self Support |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Homeless | <input type="checkbox"/> Other: _____ |

Home Language: Check the box corresponding to the main language spoken at your home.

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin/Putonghua | <input type="checkbox"/> Toishanese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Pilipino/Tagalog | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other : _____ | | |

Household Information: Have your parent or guardian assist you with this section.

Do you live in Public Housing? Yes No

Does anyone in your household receive Public Assistance? Yes No

If yes, put a check in the box next to the type of assistance received: *Please check all that apply*

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> GA | <input type="checkbox"/> TANF/CalWorks |
| <input type="checkbox"/> Other: | | |

Number of People Living in your Household: _____

Approximate Annual Household Income: \$ _____

PAST EMPLOYMENT OR VOLUNTEER EXPERIENCE:

Please provide information if you have participated in any employment programs.

****If you have PREVIOUSLY participated in YouthWorks, you may only apply with advance authorization from a YouthWorks staff member. Without this authorization, your application will not be considered.**

Employment Program	Worksite (if applicable):	Dates of Employment
<input type="checkbox"/> SF YouthWorks** (see above)		
<input type="checkbox"/> MYEEP		

Other Employer/ Organization	Employment/ Volunteer Dates	Pay Rate	Number of Hours Worked Per Week

How many total weeks were you employed in the last 3 months? _____

What was your highest wage or stipend amount in the last 3 months?

Hourly Wage: \$ _____/Hour or Stipend Amount: \$ _____

Referral: Who referred you to the San Francisco YouthWorks Program?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Mayor’s Youth Employment & Education Program (MYEEP) | <input type="checkbox"/> My School |
| <input type="checkbox"/> Independent Living Skills Program | <input type="checkbox"/> Self |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other: _____ |

SHORT ANSWER QUESTIONS:

*******RESPOND TO ALL 3 QUESTIONS BELOW ON A SEPARATE SHEET(S) OF PAPER.*******

BE SURE TO:

- Answer all three questions thoroughly and thoughtfully.
- Type (preferred) or neatly print your answers on a separate sheet(s) of paper.
- Attach these answers to your application when you submit to YouthWorks.
- Write a paragraph or two for each question, but do not exceed 2 pages total.
- Label all pages with your full name and all answers with the number of the question.

SHORT ANSWER QUESTIONS:

1. Why do you want to be an intern in YouthWorks this summer? How will the experience help you to achieve your goals?
2. If you could be a city leader in San Francisco, what would be your top priority for improving the city? Why? What ideas would you have for addressing this problem?
3. Choose one of the following qualities (communication, collaboration, adaptability, responsibility, initiative, productivity) and describe a time when you demonstrated this quality while working with others.

AVAILABILITY & SCHEDULING:

This section will help us determine whether you have the time in your schedule this summer to participate in YouthWorks. Please provide **honest and accurate** answers as we will expect you to keep the schedule that you provide here.

SUMMER ACTIVITIES: Please list the **times** and **dates** for any activities, camps, vacations, or other time commitments you have or may have over the summer:

WORK AVAILABILITY:

Given your time commitments and other summer responsibilities, determine the times you could **start** and **end** work during the Summer 2011 Session, which lasts June through August. **Remember to consider that you will need time each day to travel to your internship from other activities or home.** Please note that your end time can be no later than 5:00pm.

Workday	What time can you START work? (no earlier than 8am)	What time can you END work? (no later than 5pm)
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Total hours you are available to work weekly: _____ hours. (Must be a minimum of 10 hours)

OTHER SCHEDULING CONSIDERATIONS:

Please let us know about any other factors that may affect your ability to work:

COMMUTE CONSIDERATION:

Interns placed at the San Francisco International Airport (SFO) will need to travel 15 miles outside city limits to their worksite in San Bruno, CA and will receive a travel reimbursement for time spent commuting. If your schedule permits, would you be interested in being placed at this worksite?

- Yes No

EMERGENCY INFORMATION FORM Participant Name _____

Home Phone _____

Cell Phone _____

Address _____

Date of Birth _____

List any specific medical concerns or conditions, including allergies and medications:

IN THE EVENT OF A WORKPLACE INJURY, THE FOLLOWING PROCEDURES WILL BE FOLLOWED:

If the injury is an emergency, YouthWorks staff and/or worksite mentor will call 911 or take the intern to the nearest emergency room, and inform medical personnel that the injury is work-related.

If the injury is not an emergency, YouthWorks staff and/or mentor will take the intern to either the Kaiser Occupational Health Clinic or to the pre-designated doctor (see section below). Follow up care will be handled by the Kaiser clinic or pre-designated doctor.

Kaiser Occupational Health Clinics:

For Injuries Occurring Before 5:00pm: 601 Van Ness Avenue · Mezzanine Level · (415) 674-7000

For Injuries Occurring After 5:00pm: 350 St. Joseph's St. · (Near Divisadero/Geary)

WORKERS COMPENSATION MEDICAL PROVIDER PRE-DESIGNATION:

This section allows youth employees to designate a personal physician to provide medical care. Please check one and only one of the boxes below:

Check this box if you want YouthWorks to follow its **normal procedures:**

I elect to receive medical treatment for any workplace injuries from a local Kaiser Occupational Health Clinic. I waive my right to pre-designate a personal physician for treatment of any workplace injuries.

Check this box if you want your personal doctor to provide treatment for work-related injuries and know that s/he is on the State Compensation Insurance Fund Medical Provider Network**.

I elect to receive medical treatment for any workplace injuries from my personal physician, **who is part of the State Compensation Insurance Fund Medical Provider Network**.**

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

***To find out if your doctor is a part of the Medical Provider Network or to pick a doctor to pre-designate, log onto: www.statefundca.com/MPN/MPNsearch.html. Choose a Name Search to search for your personal physician.*

EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name: _____ Relationship to participant: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Emergency Contact Name: _____ Relationship to participant: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Other Emergency Contact Name: _____ Phone: _____

*****I authorize YouthWorks staff, worksite mentor and / or medical personnel to act in accordance with the above instructions and, where services needed are not addressed above, to exercise their best judgment in providing appropriate service.**

Parent / Guardian Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____

CONSENT & COMMITMENT SIGNATURES

YOUTH APPLICANT CONSENT AND COMMITMENT

You are applying to participate in the San Francisco YouthWorks program for the **Summer 2011 session** (*June – August*)

If you are accepted into the program, we expect you to fully participate in *all* program activities and to be personally responsible for your attendance, attitude, and performance at work and at other activities.

Please sign below to indicate your acceptance of the following:

- Commitment to participate in YouthWorks for the **Summer 2011 session** (June – August)
- Commitment to be responsible about attending work and school as a condition for remaining in the program
- Commitment to complete your work tasks to the best of your ability and to ask for help when needed
- Commitment to fully participate in YouthWorks activities including workshops (twice a month) and events
- Commitment to communicate with YouthWorks staff and worksite mentors about your goals, questions, and interests

Applicant's Name (Please Print)

Applicant's Signature

Date

PARENT/GUARDIAN: (IF APPLICANT IS UNDER 18)

Your teenager is applying to participate in San Francisco YouthWorks, an internship program that will provide him or her with the chance to explore a career and learn job skills while being supported by a city government career mentor and YouthWorks staff. If your teen is accepted to participate in YouthWorks, we will ask that he or she follow all of the standards expected of a responsible worker.

Please sign below to indicate your acceptance of the following: **Summer 2011 session** (*June – August*).

- Consent for YouthWorks to employ your teen in a paid internship, with the understanding that any intern may be reassigned or terminated based on work performance, attendance, interest, or other factors.
- Consent to take pictures/video of your teen at worksites, trainings, and events for documentation of program activities. These pictures may be used in brochures, newsletters, our blog, website and/or other program materials.

Parent/Guardian Name (Please Print)

Date

Parent/Guardian's Signature (if applicant is under 18)

Date

SAN FRANCISCO YOUTHWORKS

is a program of:

The Japanese Community Youth Council and The Dept. of Children, Youth and Their Families

Non-Discrimination Policy: YouthWorks does not discriminate based on race, color, age, sex, gender, sexual orientation, familial status, religious creed, national origin, ancestry, medical condition, marital status, disability, or any other characteristics. YouthWorks also forbids harassment of any employee based on the stated characteristics.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____(your name), hereby authorize release of information between SF YouthWorks and relevant agencies/ individuals. I understand that information shared among agencies or individuals will be handled in the strictest of confidentiality. The purpose of this information is to enable YouthWorks to better serve participant youth employment and training needs.

The types of relevant agencies YouthWorks may request and/or share information with include:

- Worksite Mentor(s) / Employer(s)
- Parent(s) / Legal Guardian(s)
- High Schools and Colleges
- Non-Profit Organizations (ie. ILSP, JVS, etc.)
- Human Services Agency
- Physician / Medical Staff
- Probation Officers / Case Managers

Please list any agencies or individuals you do not want to be contacted:

The types of information to be shared might include:

- Job Placement Information
- Employment Verification and Records
- Educational Records
- Training Information, including attendance, participation reports, and grades
- Follow-up information after transfer or termination of service provided by SFYW
- Relevant Criminal History

PARTICIPANT DETAILS:

Legal Name: _____

Street Address: _____

City, State, Zip: _____

PERIOD OF AUTHORIZATION: This Authorization to Release my Information expires on whichever date occurs first:

- Two years from the date of my signature
- The date on which I deliver my written revocation of this Authorization

SIGNATURES:

Youth Signature: _____ Date: _____

Parent/Guardian Signature (if youth under 18): _____ Date: _____

OFFSITE TRAVEL PERMISSION FORM

Valid from: **June 1, 2011 to May 31, 2012**

By participating in SF YouthWorks, your child/dependent is agreeing to attend an internship at a San Francisco City Department, to attend workshops twice a month at various locations, and to participate in other events at the SF YouthWorks office at 2012 Pine St.

In addition to these regular activities, worksite mentors and SF YouthWorks staff members plan periodic off-site trips within the city of San Francisco. These trips are an important way for in-terns to see different job sites and learn about career and educational options.

My child/dependent, _____ has permission to travel to and attend off-site events planned and supervised by SF YouthWorks mentors or staff members.

Child/Dependent Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

TURNING IN YOUR YOUTHWORKS APPLICATION:

REMEMBER: Applications must be **received** in our office (not postmarked) by

Friday, April 29, 2011 at 5pm

SUBMIT YOUR COMPLETED APPLICATION:

Submit by Mail or in Person to:
San Francisco YouthWorks, 2012 Pine Street
(@Laguna) 2nd Floor, San Francisco, CA 94115

OR

Complete your application online at:
www.sfyouthworks.org

CONTACT US WITH QUESTIONS:

TEL: (415) 202-7911

EMAIL: janderson@jcy.org

WEB:
www.sfyouthworks.org