

After-School Youth Employment Program

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A POSITION

YOU MUST BE 15 YEARS OLD AND NOT OLDER THAN 18 YEARS OF AGE, AND ATTENDING A PINELLAS COUNTY SCHOOL THE TOTAL ANNUAL HOUSEHOLD INCOME WILL BE USED TO DETERMINE ELIGIBILITY.

INCOMPLETE APPLICATIONS WILL BE DISCARDED. NO PHOTOCOPIES WILL BE ACCEPTED.

PLEASE PRINT IN INK:

NAME _____ SSN (ENTIRE) _____

HOME ADDRESS _____

APPLICANT PHONE _____ PARENT/GUARDIAN PHONE _____
CITY STATE ZIP CODE

APPLICANT E:MAIL ADDRESS: _____

AGE _____ BIRTH DATE _____ MALE _____ FEMALE _____

WHAT SCHOOL ARE YOU ATTENDING? _____ CURRENT GRADE _____

ARE YOU PARTICIPATING IN OJT? _____ ARE YOU INVOLVED IN ANY AFTER- SCHOOL ACTIVITIES? _____

WHAT TYPE OF JOBS ARE YOU INTERESTED IN WORKING? 1. _____ 2. _____

DO YOU HAVE A DRIVER'S LICENSE, LEARNER PERMIT OR STATE ID? Yes No (Mandatory requirement)

DO YOU HAVE A BANK ACCOUNT? Yes No (Mandatory requirement)

RACE (Please select one):

- WHITE/CAUCASIAN
- BLACK/AFRICAN AMERICAN
- HISPANIC
- NATIVE AMERICAN
- ASIAN AMERICAN
- OTHER _____

ETHNICITY (Please select one): PUERTO RICAN MEXICAN CUBAN HAITIAN

NONE OF THE ABOVE

THE FOLLOWING INFORMATION WILL HELP US DETERMINE YOUR ELIGIBILITY FOR THE PROGRAM:

- | | | |
|---|----------|----|
| 1. HAVE YOU EVER HAD A JOB? | Yes | No |
| 2. DO YOU HAVE A CRIMINAL HISTORY? (Proof must be provided to participate) | Yes | No |
| 3. IS YOUR HOUSEHOLD CURRENTLY RECEIVING FOOD STAMP ASSISTANCE? (Proof Required) | Yes | No |
| 4. IS ANYONE IN THE HOUSEHOLD RECEIVING SUPPLEMENTAL SECURITY INCOME (SSI)? | Yes | No |
| 5. DOES THE HOUSEHOLD RECEIVE FEDERAL/STATE CASH ASSISTANCE? (Proof Required)
(i.e., WIA, TANF, WELFARE TRANSITION, WELFARE TO WORK) | Yes | No |
| 6. ARE YOU RESIDING IN A FACILITY FOR DEPENDENT YOUTH (FOSTER CARE, ETC.)? | Yes | No |
| 7. IS THE ADDRESS LISTED ABOVE YOUR PERMANENT RESIDENCE? | Yes | No |
| 8. HOW MANY MEMBERS ARE IN YOUR HOUSEHOLD? | _____ | |
| 9. WHAT IS THE TOTAL ANNUAL HOUSEHOLD INCOME? (Proof must be provided for everyone in the household) | \$ _____ | |

RELEASE OF INFORMATION

I hereby authorize representatives of the Summer Youth Intern Program to obtain information concerning my household's WIA, TANF, Food Stamp, or Social Security information for the purposes of determining eligibility. **ALL INFORMATION WILL REMAIN CONFIDENTIAL.**

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME PRINTED _____
(IF APPLICANT IS UNDER 18 YEARS OF AGE) (RELATIONSHIP TO APPLICANT)

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SAVE THE APPLICATION AS A PDF AND EMAIL TO anita.smith@boleycenters.org
IF SELECTED, YOU WILL BE CONTACTED BY TELEPHONE FOR AN INTAKE INTERVIEW.
PLEASE CALL (727) 821-4819 EXT 5232 FOR ADDITIONAL INFORMATION