



SUMMER YOUTH EMPLOYMENT & TRAINING PROGRAM 2009

Available to youth:

Living in Eastern Connecticut

Ages 14-24 years old

Must qualify as stated on the pre-application

- 1.) Complete the pre-application and release forms.
- 2.) Return it as stated on the last page.
- 3.) Individual applications will be processed and a letter will be sent home regarding attending an intake meeting in May-June 2009.

As part of the Summer Youth Program, students will be paid for group and individual internships focusing on:

Social and Human Services

Manufacturing

Business

Pre-Engineering

Public Service

Environmental Studies

and more...

SUMMER YOUTH EMPLOYMENT & TRAINING PROGRAM 2009

APPLICATION OF INTEREST

(Completion of this application does not guarantee a slot in the program.)

Applicants Must:

- be U.S. citizens or non-citizen allowed to work;
- be residents of Eastern Connecticut;
- be at least 14 years old by July 1, 2009 but no older than 24 years old;
- meet income guidelines as described below;
- have at least 1 barrier to employment as described below.

Income Guidelines (check one)

- Receives **Cash Welfare** (TANF, SAGA, etc.); or
- Receives **Food Stamps** currently or has received Food Stamps in the last 6 months; or
- Is a foster child; or
- Is an individual with a disability (has an IEP on file, has a physical disability, doctor's note, physician's statement, etc.); or
- Qualifies as a homeless individual; or

If none of the above apply, please complete Below Section:

Receives an income, or is a member of a family that receives a total family income that does not exceed the following:

70% Lower Living Standard Level (LLSIL)			Family Income	\$ _____
Family Size	Metro	Non-Metro		
1	\$10,830	\$10,830	Family Size (number of family Members)	_____
2	\$15,469	\$14,895		
3	\$21,231	\$20,447		
4	\$26,208	\$25,235		
5	\$30,932	\$29,782		
6	\$36,170	\$34,824		
			We will verify your Income during the Application process. This includes requesting documentation such as pay stubs to verify that the above information is correct.	

Must have at least one of the following barriers to employment to qualify for the program (provide proof):

- Basic Literacy Skills Deficient;
- School Dropout;
- Homeless, runaway, or foster child;
- Offender;
- Pregnant or Parenting youth;
- Youth from a Single Parent Family

IT IS THE POLICY OF EASTCONN, TVCCA, 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.

Participant Information	
Social Security #: _____	Telephone #: _____
Name: _____	
<i>Last</i>	<i>First</i> <i>M.</i>
Present Address: _____	
<i>Street</i>	<i>Apt#</i> <i>City</i> <i>State</i> <i>Zip</i>
Have you ever participated in the Summer Youth Employment Program before? If so:	
Date: _____	Position: _____

Academic Information
Grade Level: _____ Guidance Counselor: _____
What school do you currently attend? _____
What is your current Education Status?
<input type="checkbox"/> Enrolled in High School
<input type="checkbox"/> Completed High School
<input type="checkbox"/> Dropped Out of High School

Work Experience - Fill in most recent experience first.

<i>From</i>	<i>To</i>	<i>Firm/Institution</i>	<i>Location</i>	<i>Nature of Work</i>	<i>Reason for Leaving</i>
<i>Mo./Yr.</i>	<i>Mo./Yr.</i>				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Work skills, interests and/or personal attributes:

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

<i>Name</i>	<i>Position</i>	<i>Address</i>	<i>Telephone</i>
_____	_____	_____	_____
_____	_____	_____	_____

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 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. Please refer to page 2 of the I-9 Form for other acceptable forms of identification.

CHECKLIST: The following forms/items will be required for your application to be complete.

- School Release Form
- Medical Release Form
- DSS Release Form
- Household Status Form (if applicable)
- Social Security Card
- Birth Certificate
- Proof of Income
- Proof of Family Size
- Proof of Barrier
- Proof of Selective Service (if applicable)
- 1st Semester Report Card or school transcript (if applicable)
- Photo ID (if applicable) e.g. school ID, driver's license, non-driver photo ID, etc.

CAUTION: Applications submitted without copies of supporting documentation and properly signed forms will be considered **INCOMPLETE**. Your name will **not** be added to the 2009 Summer Youth Employment Program roster and/or waiting list until a completed application is submitted.

Applicant's Signature

Date

Parent/Legal Guardian's Signature
(Required if applicant is under 18 years old)

Date

ALL APPLICATIONS ARE DUE ON OR BEFORE / [REDACTED]

Completed applications should be returned to one of the locations below:

CT Works – Danielson
95 Westcott Road
Danielson, CT 06239
860-412-7000

CT Works – New London
Shaw's Cove Six
New London, CT 06320
860-439-7670 (Select Option #6)

CT Works – Norwich
113 Salem Turnpike
Norwich, CT 06360
860-859-5777

CT Works – Willimantic
1320 Main Street
Willimantic, CT 06226
860-465-2120



SCHOOL RELEASE FORM

SUMMER YOUTH EMPLOYMENT PROGRAM 2009 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

Summer Youth Employment program for the purpose of his/her application to the Summer Youth Employment 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 Summer Youth Employment program will be maintained on a confidential basis.

Parent/Guardian Signature

Date

Applicant Signature

Date



MEDICAL RELEASE FORM

EASTCONN SUMMER YOUTH EMPLOYMENT AND TRAINING PROGRAM

This form will cover all EASTCONN Summer Youth Employment Program 2009 activities.

Name: _____
Date of Birth: _____
Home Address: _____
Parent/Guardian: _____
Parent Work Telephone Number: _____
Home Telephone: _____ Emergency Contact: _____
Family Physician: _____ Telephone Number: _____
Insurance Company: _____ Policy Number: _____

I give permission for _____ to participate in all EASTCONN Summer Youth Employment activities and field trips. I understand that the EASTCONN Summer 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 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 EASTCONN Summer Youth Employment activity. (Student must be able to administer medication to him/herself)

<u>Name of medication</u>	<u>Dosage</u>	<u>How often</u>
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Date: _____ Signature: _____

Department of Social Services Records Release

Name _____ S.S. Number _____

I authorize the release of demographics, income and employment information from the Department of Social Services database for the purpose of eligibility determination and participation in Workforce Investment Act or other job training programs.

X _____
Applicant Signature

X _____
Parent's Signature (if Under 18)

X _____
Date

X _____
Date

