



**COLCHESTER STUDENTS:  
RETURN COMPLETED APPLICATIONS  
WITH SIGNATURES AND REQUIRED  
DOCUMENTS TO COLCHESTER YOUTH  
SERVICES THROUGH INTEROFFICE MAIL  
OR DROP OFF AT YOUTH SERVICES AT  
TOWN HALL BY JUNE 15th OR SOONER.**



## Connecticut Youth Employment & Training Program (CYEP) 2023

Connecticut Youth Employment & Training Program (CYEP) 2023 CYEP It is an employment and training program that offers income-eligible Greater Norwich area youth, ages 14-24 (must be 14 by 7/1/23), the opportunity to gain employment experience, improve marketable skills, initiate job contacts, connect with career-related role models, and identify resources for future employment.

### Instructions: How to Apply

#### 1. Complete the 2023 Youth Employment and Training Program Application

Options:

- Print and fill out the application using black or blue ink **OR**
- Pick up an application at the school's guidance office or career center, and fill-out application using black or blue ink

#### Application is complete when:

- All sections of the application must be filled in, signed, and dated
- Required documentation (listed on page 4) is attached
- Signatures are required on pages 4, 5, 6, and 7.

#### 2. Return the completed application to: (with signatures and required documents)

School	Contact	Location
Norwich Free Academy	Sherlyne Alcena	College and Career Center
Norwich Technical HS	Krystin Konow or Amanda Pearson	Student Services Suite
Griswold Public Schools	Susan Salley or Lisa Wojtkiewicz	Room 3220 at GHS or GMS Office

Or **Drop-Off or Mail** the completed application to:  
Hector Sanchez, Norwich Youth, Family & Recreation Services,  
75 Mohegan Road, Norwich, CT 06360

#### 3. Applicant will be contacted to schedule an interview

*Submission of an application **DOES NOT** guarantee placement into the program  
EWIB, local foundations, and the State Department of Labor fund this program.  
The entire program will run pending funding.*

*For additional program information, contact Hector Sanchez at [hsanchez@cityofnorwich.org](mailto:hsanchez@cityofnorwich.org)  
or 860-823-3782 Ext. 3482*



**2023 Connecticut Youth Employment and Training Program (CYEP)**

**APPLICATION OF INTEREST**

**Completion of this application does not guarantee a slot in the program. 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. CYEP places eligible youth in paid, temporary work-based internships for approximately 80-200 hours.**

**INSTRUCTIONS**

Download this application, edit and print application **or** you may print and complete all sections of the application in ink. Signatures are required on pages 4, 5, 6 and 7. Collect the required documents listed on page 4 and attach copies to this paper application. Return the completed application (see bottom of page 4).

**IT IS THE POLICY OF EASTCONN, EWIB, 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 (use TAB to move to the next field)**

**Name** \_\_\_\_\_  
First Name                                      Middle                                      Last Name

**Address** \_\_\_\_\_  
Street                                      Apt. #                                      City                                      State                                      Zip Code

**E-mail address:** \_\_\_\_\_

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

**2. 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



**3. EMERGENCY CONTACT INFORMATION**

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In case of an emergency, please contact:

Name \_\_\_\_\_

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

**4. DEMOGRAPHIC INFORMATION**

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Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Youth must be at least 14 years old and no older than 24 years old by 7/1/2023.  
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

**5. PROGRAM HISTORY**

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Have you ever participated in the CYEP?

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

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

\_\_\_\_\_

**6. CAREER INFORMATION**

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WORK EXPERIENCE, SKILLS, INTERESTS OR PERSONAL ATTRIBUTES THAT YOU HAVE:

\_\_\_\_\_

**ADDITIONAL INFORMATION: ARE YOU CURRENTLY ENROLLED IN ANY OF THE FOLLOWING?**

- DEPARTMENT OF CHILDREN AND FAMILIES
- LEVEL UP/BUREAU OF REHABILITATION SERVICES/AGING AND DISABILITY SERVICES



- CURRENT 504 OR IEP
- JUVENILE JUSTICE
- YOUTH MANUFACTURING PIPELINE INITIATIVE
- JET/OUT OF SCHOOL YOUTH PROGRAM OR COOL DIRECTIONS/IN SCHOOL YOUTH PROGRAM
- OTHER VOCATIONAL PROGRAMMING: \_\_\_\_\_

**REFERENCES:**

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

Name	Position	Address	Telephone

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

**\*\* Only complete this section if you do not qualify for free or reduced lunch and school does not meet 40% of CEP \*\***

Check here if you receive SNAP (food stamps) and/or TANF. Attach proof to this application.

<b>Family income</b>	\$ _____	<b>185% Federal Poverty Level <sup>1</sup></b>	
		<b>Family size</b>	<b>Income</b>
<b>Family size (number of family members)</b>	_____	1	\$26,973
		2	\$36,482
		3	\$45,991
		4	\$55,500
		5	\$65,009
		6	\$74,518
		7	\$84,027
		8	\$93,536
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 \$9,509 per family member.

**OR Complete below if applicable:**

**DCF eligibility: Include name and contact information of DCF case worker below.**

**Level Up eligibility: Include name of Level Up Counselor below.**

**Juvenile Justice eligibility: Include name and contact information of Probation Officer below.**



### PLEASE READ CAREFULLY BEFORE SIGNING

I understand and authorize the release of this information 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), 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 CT Workforce Investment Board (EWIB) a non-profit organization, and its cooperating agencies (EASTCONN, Norwich Human Services and New London Youth Affairs), 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 documents are required for your application to be complete.

Copies of the following documents must be attached to this application:

- Social Security Card (signed copy)
- United States Birth Certificate or Permanent Resident Card, if born outside the United States (copy)
- Unofficial school transcript -- if attending high school
- Proof of Eligibility (part 7 of application)
- Photo Identification (if you are 18 years of age or older)
- Applicant and Parental signatures required on pages 4, 5, 6 and 7

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

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

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

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

**Please contact one of the staff listed below when you have completed your application.  
DO NOT e-mail your application and documents**

**Danielson office:** Connie Sipos, EASTCONN, 562 Westcott Road, Danielson, CT 06239, 860-377-3572  
csipos@eastconn.org  
*Serves the following towns: Brooklyn, Canterbury, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Union, Woodstock*

**New London office:** Cindy Alvarez, New London Youth Affairs, 111 Union St, New London, CT 06320, 860-442-4994  
jalvarez@newlondonct.org  
*Serves the following towns: East Lyme, Groton, Ledyard, Lyme, New London, North Stonington, Old Lyme, Salem, Stonington, Waterford*

**Norwich office:** Hector Sanchez, Norwich Youth, Family and Recreation Services, 75 Mohegan Road, Norwich, CT 06360 860-823-3782 Ext. 3482, hsanchez@cityofnorwich.org  
*Serves the following towns: Bozrah, Colchester, Franklin, Griswold, Lisbon, Montville, Norwich, Preston, Sprague, Voluntown*

**Willimantic office:** Kelsie Rivera, EASTCONN, 1320 Tyler Square, Willimantic, CT 06226, 860-428-3789  
krivera@eastconn.org  
*Serves the following towns: Ashford, Chaplin, Columbia, Coventry, Lebanon, Mansfield, Willington and Windham*



## 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, city, state, zip

\_\_\_\_\_  
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

### 2023 CT YOUTH EMPLOYMENT AND TRAINING PROGRAM

### 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

CT Youth Employment Program (CYEP) for the purpose of his/her employment application. Such records include, but are not limited to, verification of enrollment in-school, proof of free/reduce lunch eligibility and proof of residency/address. I understand that all records provided to the CYEP will be maintained on a confidential basis.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(Required, if applicant is under 18 years old)

\_\_\_\_\_  
Date



# MEDICAL RELEASE FORM

## 2023 CT YOUTH EMPLOYMENT AND TRAINING PROGRAM

**This form will cover all 2023 CYEP 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 CYEP activities and field trips. I understand that the CYEP 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/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 CYEP activity. (Youth must be able to administer medication to him/herself).

<u>Name of Medication</u>	<u>Dosage</u>	<u>How Often</u>

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date