



# SAN FRANCISCO YOUTHWORKS



## SUMMER 2013 APPLICATION FOR SFUSD ACADEMY/PATHWAY STUDENTS ONLY

Thank you for your interest in applying to San Francisco YouthWorks.

### SUBMISSION REQUIREMENTS

**APPLICATIONS are DUE to your Academy/Pathway teacher by Wednesday, April 10th**

YouthWorks will only accept these applications from your CTE Pathway teacher.

**Do NOT turn this application in directly to SF YouthWorks.**

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### ELIGIBILITY REQUIREMENTS

In order to apply for SF YouthWorks, you must meet **ALL** of the following requirements. **Please check each item below to confirm your eligibility.**

- ☐ I am entering the 12<sup>th</sup> grade for the 2013-2014 school year.
- ☐ I am enrolled in a SFUSD Academy of Pathway (if you are NOT participating in a CTE Academy or Pathway program, please visit [www.sfyouthworks.org](http://www.sfyouthworks.org) for a general application)
- ☐ I live AND go to school in San Francisco.
- ☐ I am able to work 20 hours every week, Monday – Friday between 9am and 5pm. (See **AVAILABILITY & SCHEDULING** section of application to clarify our scheduling requirements.)
- ☐ I am able to commit to participate for the entire summer session and will not miss a week of work (between early June – early August).
- ☐ I can present **original documents** to meet YouthWorks' requirements **IF** accepted into the program.  
Required documents are:
  - 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)
  - Documents to verify bank account information for direct deposit of paychecks

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### 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.
- Students 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 will only accept this application if turned by an Academy or Pathway teacher.
- Students may not participate in MYEEP or SYEP and YouthWorks during the same session.
- In addition to the internship, participants **MUST** attend a mandatory Pre-employment training and Transition Planning, but have the option to attend other workshops /events offered.
- If you fail to complete the mandatory short answer questions your application will be incomplete.
- If you have previously participated in YouthWorks, you must receive advance authorization from a SF YouthWorks staff member.
- YouthWorks will end in early - August. Those that are accepted into the program are expected to continue their internship until that time.
- YouthWorks does not accept faxed or email applications.

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

**PERSONAL INFORMATION:**

**Legal First Name:** \_\_\_\_\_

**Legal Last Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_

**Social Security Number:**

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**Street Address:** \_\_\_\_\_

\*YouthWorks will mail acceptance letters 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:** \_\_\_\_\_

**SCHOOL INFORMATION:**

**Grade in 2013-2014:**    ☐ 11<sup>th</sup>    ☐ 12<sup>th</sup>

**Please check Academy/Pathway below:**

**Balboa:** ☐ Academy of Information Technology ☐ Law Academy ☐ CAST (Visual & Performing Arts) ☐ WALC (Wilderness Arts & Literacy)

**Burton:** ☐ Acad of Engineering ☐ Academy of Finance ☐ Academy of Health Sciences ☐ Acad of Information Technology & Media

**Galileo:** ☐ Academy of Information Technology & Media ☐ Academy of Hospitality & Tourism ☐ Academy of Health Sciences  
☐ Environmental Sciences Pathway ☐ BioTech Pathway

**Ida B. Wells:** ☐ Culinary

**Lincoln High School:** ☐ Academy of Information Technology ☐ Academy of Finance ☐ Architecture, Construction, Engineering Pathway ☐ Teacher Academy ☐ Green Academy ☐ BioTech Pathway

**Lowell:** ☐ CISCO Networking

**O'Connell:** ☐ Building Trades & Carpentry Pathway (TECH21) ☐ Information Systems

**Ruth Asawa School of the Arts (SOTA):** ☐ Digital Arts & Media

**Wallenberg:** ☐ BioMed Academy

**Washington:** ☐ Acad of Hospitality & Tourism ☐ Acad of Information Tech ☐ Acad of Engineering Automotive (TECH21)

**Other Pathway or Academy** ☐ : \_\_\_\_\_

**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: \_\_\_\_\_

**Accommodations Request:** Our application process provides access to all and is open to people of all abilities.

Will you need reasonable accommodations or extra help to participate in the program? ☐ Yes ☐ No  
(We will call you to discuss details if you are invited in for an interview).

**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"/> Hispanic/Latino – Central American             | <input type="checkbox"/> Other (please specify below):                   |
| <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: _____ |   |                                     |

### 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.)
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**Household Information:** Have your parent or guardians 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/Cal Works |
| <input type="checkbox"/> Other: _____      |                                   |   |

Number of People Living in your Household: \_\_\_\_\_

Approximate Annual Household Income: \$ \_\_\_\_\_

## 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.

### **WORK AVAILABILITY:**

Given your time commitments and other summer responsibilities, determine the times you could **start** and **end** work during the summer 2013 session, which lasts from early-June through early-August.

**\*Given the high demand of our internships, only interns that can work a minimum of 20 hours a week will be considered for our positions.**

Workday	What time can you START work?	What time can you END work? (No later than 5pm)	Total hours you can work each day.
<i>Example: MONDAY</i>	<i>10:00m</i>	<i>3:00pm</i>	<i>5 hours</i>
<b>MONDAY</b>			
<b>TUESDAY</b>			
<b>WEDNESDAY</b>			
<b>THURSDAY</b>			
<b>FRIDAY</b>			
<b>TOTAL HOURS YOU ARE AVAILABLE WEEKLY*</b> (add up hours from each day):			

### **EXTRA-CURRICULAR ACTIVITIES:**

Please list ALL of your trips, college tours and vacations for the 2013 summer and list the time and dates when they may occur:

### **OTHER EXTRA-CURRICULAR ACTIVITIES:**

Please let us know about any other activities (clubs, sports, classes, community service) 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

### 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
SF YouthWorks** (see above)		
MYEEP		

Please list other employment or volunteer experience you have had.

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: \$ \_\_\_\_\_

Have applied to SF YouthWorks before? ☐ Yes ☐ No, If **yes** when did you apply? \_\_\_\_\_

**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 OF THESE QUESTIONS ON A SEPARATE SHEET (S) OF PAPER. \*\*\*\*\*

#### BE SURE TO:

- Answer all three questions thoroughly and thoughtfully. **RESPONSES ARE MANDATORY**
- 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. YouthWorks internships are mostly clerical jobs where interns complete tasks such as filing, copying, and answering phones under the supervision of an employee of the city of San Francisco. How would your participation in YouthWorks help you to achieve your future goals?
2. What are the main things you have learned from participating in your Academy or Pathway at school? How can an internship with YouthWorks help build on what you have learned?

## CONSENT & COMMITMENT SIGNATURES

### YOUTH APPLICANT CONSENT AND COMMITMENT

You are applying to participate in the San Francisco YouthWorks program for the **2013 summer session** (*early June – early 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 **2013 summer session** (*early June – early August*)
- Commitment to be responsible about attending work (+ school, if applicable) 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 communicate with YouthWorks staff and worksite mentors about your goals, questions, and interests

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**Applicant's Name (Please Print)**

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**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: **2013 summer session** (*early June – early 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.
- Understanding that by accepting a position in YouthWorks, interns are committing to maintaining a regular work schedule and prioritizing attendance at work and workshops.

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**Parent/Guardian Name (Please Print)**

**Date**

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**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 (i.e. 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, 2013 to May 15, 2014**

By participating in SF YouthWorks, your child/dependent is agreeing to attend an internship at a San Francisco City Department 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 interns 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: \_\_\_\_\_

## Emergency Information Form

Participant First & Last Name \_\_\_\_\_

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

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

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Can participant be taken to the nearest medical facility? Yes ☐ No ☐

If no, please specify the facility s/he should be taken to:

Facility: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does participant have healthcare insurance? Yes ☐ No ☐ Name of Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Primary Care Physician (if any): \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

### 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 above). Follow up care will be handled by the Kaiser clinic or pre-designated doctor.

### Kaiser Occupational Health Clinic Locations:

**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)

\*\*\*Should the need occur, 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.

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

Parent/Guardian Signature (*required if youth under 18*): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please keep in mind your application is not complete until you have completed the following:**

- The personal information section
  - ☐ Name
  - ☐ Address
  - ☐ Phone number
  - ☐ Social Security Number
- The school information section
  - ☐ School
  - ☐ Grade
- The demographic information section
  - ☐ Birth
  - ☐ Gender
  - ☐ Other demographics
  - ☐ Race/Ethnicity
- The household information section
  - ☐ Living Situation
  - ☐ Home Language
  - ☐ Public Assistance
- The availability & scheduling section
  - ☐ The entire page must be filled out
- The short answer questions section
  - ☐ All three questions must be submitted with your application
- The required documents (parent signatures)
  - ☐ Consent & Commitment Form
  - ☐ Authorization for Release Information Form
  - ☐ Offsite Travel Permission Form
  - ☐ Emergency Information Form

**In general, please fill out the entire application and review it before you turn it in.**  
**Incomplete applications will be either penalized or rejected.**

**TURNING IN YOUR YOUTHWORKS APPLICATION:**

**REMEMBER:** Applications MUST be turned into your Academy/Pathway Teacher by

**Wednesday, April 10, 2013**

**CONTACT US WITH QUESTIONS:**

OR

Matthew Corallo  
Pathway Coordinator - Health, Finance  
San Francisco Unified School District  
[CoralloM@sfusd.edu](mailto:CoralloM@sfusd.edu)  
(415)379-7769

Jerome Anderson  
Employment Coordinator  
SF YouthWorks  
[janderson@jcyc.org](mailto:janderson@jcyc.org)  
(415) 202-7911

**YouthWorks is committed to making reasonable accommodations to ensure that people of all abilities have an equal opportunity to participate in our program and activities.**