



Youth@Work Program: Student Application

Spring 2018 Cohort

Application Date: / /

STUDENT INFORMATION

Full Name: Date of Birth:

Street Address: Social Security Number:

City: State: Zip:

Home Phone: Cell Phone:

Email Address: Preferred Method of Contact:

Gender: Female Male Transgender Other

Birth Country: U.S. Other Ethnicity: Non-Hispanic Hispanic

Race: African-American/Black Asian Bi-racial
Caucasian/White Hawaiian/Pacific Islander Multi-racial
American Indian/Alaskan Native Latino Other:

Primary language: English Spanish Somali Karen Hmong Amharic French Other

Criminal Convictions: No Convictions Convicted of Misdemeanor(s) Convicted of Felony(ies) Been on Probation

Living Situation: Living with parent/primary guardian Living with a family member Living on your own Homeless

EDUCATION

School Name: Location:

Current Grade Level: Current GPA (Grade Point Average):

EMPLOYMENT

Are you currently employed? Employed full-time (over 30 hours) Employed part-time (less than 30 hours) Not employed

Most Recent Employer: Position/Title:

Start Date: End Date: Hours per week: Hourly Wage: \$

EMPLOYMENT BARRIERS

Are you currently or have you ever experienced any the following: Limited English ability Chemically dependent or in recovery
A parent or pregnant. (If yes, Number of children living with you) A single parent Behind 2 or more grades in school

PARENT/GUARDIAN

Name of Parent or Guardian: _____ Relationship to Student: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

FAMILY/HOUSEHOLD

Household Size (# of people living in your household) including yourself: _____ Monthly Household Income: _____

Are you or any of your family members receiving any of the following? (Check all that apply): Free School Lunches TANF/MFIP

Refugee Assistance General Assistance (cash only) Food Support (food stamps only) Other Assistance: _____

MEDICAL INFORMATION / ALLERGIES

Please specify if you have been diagnosed with or are aware of any of the following conditions that would affect your ability to fully participate in this program and/or that you believe the CLUES Staff should have knowledge of in order to fully support and serve you:

Medical and/or Mental Health Condition(s)? _____

Disability and/or Impairment? _____

Allergies (medication and/or food)? _____

EMERGENCY CONTACT

Primary Emergency Contact: _____ Relationship: _____ Phone: _____

Secondary Emergency Contact: _____ Relationship: _____ Phone: _____

REFERENCE

Name of Reference: _____ Relationship: _____

Reference Phone: _____ Reference Email: _____

Authorizations

The information I have provided on this application is true to the best of my knowledge. I agree that the information on this form may be shared among CLUES staff to serve me within the Economic Vitality Division. In addition, I give my permission for CLUES to release the above information and any information regarding my program enrollment and participation, progress, test scores, assessments and evaluations, work readiness level, internship placement, and any payments received through this program, to internship placement sites, employers, the MN Department of Education, the MN Department of Employment and Economic Development, and any other agencies providing funding and/or support services for programs through which I am receiving services.

_____ Date: month: _____ day: _____ year: _____

Applicant Signature

_____ Date: month: _____ day: _____ year: _____

Parent/Guardian Signature *(if applicant is under the age of 18)*

Short Answer Essay

This program is designed to prepare youth participants to enter into the Workforce with the knowledge and skills necessary to grow and prosper as professionals. This will require you (as a program participant) to be fully engaged during the 10 week classroom portion in order to prepare for placement in the 6 week high level internship within the community that will follow.

Part of being prepared for this part of your future includes, knowing your personality and strengths and being open to learning and growing both personally and professionally. As well as, having a genuine interest in being a working part of your community both in and out of school, and identifying the experiences you have had that will help you thrive. Finally, committing to create space and availability in your life to participate fully (2.5 hours a week of class for 10 weeks at CLUES, followed by a 6 week internship in the community working 6-10 hours a week) in this program and being an active participant in both the classroom portion and at your internship placement.

On a separate sheet of paper, that you will attach to this application, please tell us a little about you, your story, and your interest in our program by addressing the following questions in *essay format*.

1. Who are you?
2. What are some of your personal strengths?
3. What experiences have you had that make you believe you're ready for this step in your life?
4. How do you participate in your community already and how will you make time for this 16 week program (10 week class and 6 week internship)?
5. What are your current career interests?

Please complete and return this intake to Camila Mercado Michelli at any CLUES location or via the options below:

E-mail: cmercado@clues.org

or

Mail or Drop off:

Camila Mercado Michelli – program coordinator
797 East 7th Street, St. Paul, MN 55106

Crysta Colmer - program skills trainer
720 East Lake St., Minneapolis, MN 55407

We will contact you to notify you if you've been accepted into the program and to discuss the next steps.

Thank you!

Please return this form no later than (Monday, March 19th, 2018 before 5:00pm)!