

YOUTHWORKS 2010

YOU ARE SCHEDULED FOR REGISTRATION AND INTERVIEW FOR A SUMMER JOB

LOCATION: **AT ONE OF THE SIX LOCATIONS LISTED IN THE YOUTHWORKS BOOKLET**

DATE: **REFER TO THE YOUTHWORKS BOOKLET FOR DAYS AND HOURS OF OPERATION**

ALL PARTICIPANTS **MUST BE BALTIMORE CITY RESIDENTS** BETWEEN THE AGES OF 14-21. (MUST BE 14 YEARS OF AGE BY JUNE 18, 2010.)

YOU **MUST BRING** THIS REGISTRATION FORM (**COMPLETED**) AND **COPIES** OF THE FOLLOWING DOCUMENTS:

- **SOCIAL SECURITY CARD (name must match birth certificate)**
- **BIRTH CERTIFICATE (name must match social security card)**
- **PHOTO ID (Maryland ID, School ID, or Report Card)**
- **SELECTIVE SERVICE CARD (for Males 18 and older)**
- **CURRENT COPY OF TEMPORARY CASH ASSISTANCE GRANT**
- **CURRENT PAY STUB FOR ALL WORKING FAMILY MEMBERS**
- **RESUMES (for youth 16 and older)**

CANDIDATES MUST BE REGISTERED BY MARCH 12, 2010

**NOTIFY US IMMEDIATELY OF ANY CHANGES IN
ADDRESS/TELEPHONE NUMBER**

YOUTHWORKS SUMMER JOBS REGISTRATION

INDIVIDUAL SERVICE STRATEGY

Baltimore City Residents Ages 14 – 21

PART 1: CANDIDATE INFORMATION (PLEASE PRINT)

Name: _____ SS#: _____
(Last) (First) (MI)

Address: _____ Zip: _____

Home Phone # () _____ Emergency Phone # () _____

Cell Phone # () _____ E-mail: _____

Education Status: _____ Post Secondary _____ Adult Ed Classes _____

High School Diploma/GED: ___ Yes ___ No If yes, Year of Graduation: _____

School Name _____ Current Grade: _____

Birthdate: ___/___/___ Age: ___ Sex: Male ___ Female ___

Race/Ethnic Group: White ___ Black ___ Hispanic ___ Asian ___ Amer. Ind. ___

Do you have a disability: Y ___ N ___

If yes describe: _____

Citizenship (check one): US Citizen: ___ Non-Citizen: ___ Eligible Non-Citizen: ___

For Males 18 and older: Are you registered with Selective Service? Yes ___ No ___

Are you a Foster Child: Y ___ N ___ Are you a Teen Parent: Y ___ N ___

Is there a possibility of you attending Summer School? Y ___ N ___

List previous volunteer/work experience:

PART 2: FAMILY INFORMATION

Total number of family members living in household: ___ (include candidate)

INDIVIDUAL SERVICE STRATEGY

PART 3: CANDIDATE JOB STRATEGY

SECTION I:

Note: Job placement is based on availability and is not guaranteed.

In what areas do you have work experience? (for example: clerical, food prep, health, recreation, environmental, etc.)

Are you willing to work Outdoors: ___Yes ___No If no, please explain:

SECTION II:

List any of the skills that you have acquired:

Typing: _____ (wpm) Clerical: _____

Office Machinery (you can operate):

Fax _____ Calculator _____ Computer _____ Photocopier _____

Computer Skills:

Microsoft Word ___ Excel ___ Access ___ Power Point ___ Other Programs _____

Do you have access to a computer? Yes ___ No ___

SECTION III

If worksites in your zip code area have no openings, would you be prepared to travel to another part of the city for a job? (Transportation is not provided) Yes ___ No ___

Do you wish to attend our Job Readiness Training (16+ only) Yes ___ No ___

PART 4: CANDIDATE SIGNATURE AND PARENT/GUARDIAN SIGNATURE

I certify that all of the above information I have provided is true and correct to the best of my knowledge. I understand this information may be verified and that false information will be grounds for youth to be terminated from his/her job or program. Possible legal action can ensue if the youth is placed in a government funded job. I grant permission for him/her to receive medical services arranged by Baltimore City for a work related injury. I grant permission for the Mayor's Office of Employment Development to use my image and/or voice in any and all forms of electronic or print for purposes that promote MOED, YouthWorks, and/or the City of Baltimore.

Candidate Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

WIA Summer Youth Eligibility Determination Quick Reference

SECTION 1 – DEMOGRAPHICS					
* Last Name	* First Name	* Middle Initial	* Social Security Number		
Program (Funding Stream)	Registration Date	* Age	* Date of Birth		
Eligibility Determination Date	Participant Date		Staff Determining Eligibility		
SECTION 2 – Please Circle the Appropriate Response					
Disability: Yes No If Yes, does your disability result in a substantial barrier to employment? Yes No					
Citizenship: Yes No If not an US citizen, are you authorized to work in the US? Yes No					
Selective Service Status: Not Applicable Registered				Highest Grade Completed: _____	
Education Status at time of Registration: College Grad High School Grad Dropout Student					
Initial Reading Level: <u>NA</u> Initial Math Level: <u>NA</u>				Test Type: TABE Other: <u>NA</u>	
SECTION 3 – ELIGIBILITY DETERMINATION					
Determination of Income			Compare annualized family income and family size to the Income Guidelines to determine low income		
	YES	NO	Family Size (Blood relatives living in the household as a.) husband, wife and dependent child; b.) guardian and dependent child; c.) husband and wife)		
Receives Cash Public Assistance (TANF)					
Family/Self Receives Food Stamps			6 months income for all family members		\$
Low income determined by YTD family annualized income			Multiply by 2 to annualize income		X 2
Homeless at time of registration			Annualized Family Income		\$
Under Foster Care at time of registration			Meets Income Criteria	YES	NO
Disabled at time of registration *					
* Disabled youth may be considered a family of one but personal income must meet federal guidelines			Low Income youth must have at least one barrier from Table B to be determined eligible for WIA		
SECTION 4 – BARRIER					
Five percent (5%) of youth who are not determined to be low income may participate if they meet at least one barrier from Table A			All youth must possess at least one barrier from Table B to be determined eligible for WIA Youth Services		
TABLE A	YES	NO	TABLE B	YES	NO
Achieving below grade level			Basic Skills Deficient	NA	NA
Basic Skills Deficient			School Dropout		
Disabled Youth			Foster Child		
School Dropout			Homeless		
Homeless			Offender		
Locally Defined Barrier			Pregnant or Parenting Teen		
Offender			Runaway		
Pregnant or Parenting Teen			Needs additional assistance to complete an education program or secure and maintain employment		
Runaway					