

**YOUTHWORKS SUMMER JOBS REGISTRATION**

**INDIVIDUAL SERVICE STRATEGY**

**Baltimore City Residents Ages 22 – 24**

**PART 1: CANDIDATE INFORMATION (PLEASE PRINT)**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Educational Status: Post Secondary \_\_\_\_\_ Adult Ed Classes \_\_\_\_\_

High School Diploma/GED: \_\_\_ Yes \_\_\_ No If yes, Year of Graduation: \_\_\_\_\_

School Name \_\_\_\_\_

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: \_\_\_

Males Only: Are you registered with Selective Service? Yes \_\_\_ No \_\_\_

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.)

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Are you willing to work Outdoors: \_\_\_Yes \_\_\_No If no, please explain:

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### 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 \_\_\_**

## PART 4: CANDIDATE 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: \_\_\_\_\_

**YOUTHWORKS**  
**2010**  
**Baltimore City Residents Ages 22 – 24**

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**

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

- **SOCIAL SECURITY CARD (name must match birth certificate)**
- **PHOTO ID (MARYLAND ID), REPORT CARD/CURRENT SCHOOL ID**
- **BIRTH CERTIFICATE (name must match social sec. card)**
- **MALES / SELECTIVE SERVICE CARD**
- **CURRENT TCA GRANT**
- **CURRENT PAY STUB FOR EACH WORKING FAMILY MEMBER**
- **MUST BE A BALTIMORE CITY RESIDENT**
- **RESUMES**

**CANDIDATES MUST BE REGISTERED BY MARCH 12, 2010**

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

## **WIA Summer Youth Eligibility Determination Quick Reference**

**Directions:** Please complete sections 1(**asterisk sections \* only**), 2, and 4 of the enclosed form and submit a copy of your most recent pay stub. The pay stub you submit must show your year to date earnings. If not already indicated on the pay stub, please add your pay frequency. **Must be submitted at registration.**

# 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: <b>Yes</b> <b>No</b> If Yes, does your disability result in a substantial barrier to employment? <b>Yes</b> <b>No</b>					
Citizenship: <b>Yes</b> <b>No</b> If not an US citizen, are you authorized to work in the US? <b>Yes</b> <b>No</b>					
Selective Service Status: <b>Not Applicable</b> <b>Registered</b>				Highest Grade Completed: _____	
Education Status at time of Registration: <b>College Grad</b> <b>High School Grad</b> <b>Dropout</b> <b>Student</b>					
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		
	<b>YES</b>	<b>NO</b>	<b>Family Size</b> (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			<b>Annualized Family Income</b>		\$
Under Foster Care at time of registration			<b>Meets Income Criteria</b>	<b>YES</b>	<b>NO</b>
Disabled at time of registration *					
* Disabled youth may be considered a family of one but personal income must meet federal guidelines			<b>Low Income youth must have at least one barrier from Table B to be determined eligible for WIA</b>		
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					