

2017

YouthWorks



Please Return Signed & Completed Applications with Required Documentation to:

MVWIB/ ValleyWorks YouthWorks Staff

LAWRENCE

Monday, Wednesday & Friday **ONLY**

2:00 pm - 4:00 pm

255 Essex Street ♦ City Hall Annex
Lawrence, MA 01840
(978) 722-7086

HAVERHILL

Tuesdays **ONLY**

2:30 pm - 4:00 pm

NECC - Student Center, 1st FL
100 Elliott Street, Room Sc118
Haverhill, MA 01830

Applications are available and can be dropped-off with ValleyWorks YouthWorks Staff at the following:

High Schools

LAWRENCE HIGH SCHOOL LIBRARY
Mondays & Wednesdays
11:00 am - 1:00 pm

HAVERHILL HIGH SCHOOL LIBRARY
Every Tuesday
11:00 am - 1:00 pm

PHOENIX ACADEMY - Front Desk Area
04/07 & 04/14
1:00 - 2:00 pm

GREATER LAWRENCE TECH. SCHOOL LIBRARY
Thursday, 04/13 & 04/27
9:00 am - 12:00 pm

SUMMER JOB PROGRAM

APPLICANTS MUST BE:

- From Lawrence, Haverhill, or Methuen
- Between 14 - 21 years old
- Eligible to work in the United States
- Income Eligible



www.mvwib.org



ValleyWorks Career Center
www.ValleyWorks.cc

- ◎ **Applications will be reviewed by the MVWIB / ValleyWorks Career Center Staff**
- ◎ **ACCEPTANCE OF COMPLETED APPLICATION DOES NOT GUARANTEE EMPLOYMENT**
- ◎ **SUMMER JOBS WILL BE DETERMINED BY PARTNERS & A LOTTERY LATE IN MAY 2017**

DO NOT FAX or MAIL APPLICATIONS

APPLICATION DEADLINE: FRIDAY, APRIL 28th, 2017

YouthWorks Staff Only:
 Complete: Yes No
 Date Received: _____
 Staff Initials: _____



255 Essex Street ♦ City Hall Annex ♦ Lawrence, MA 01840 Phone: (978) 722-7000

Websites: www.mvwib.org ♦ www.valleyworks.cc

THE APPLICATION DEADLINE IS FRIDAY, APRIL 28th, 2017

YOUTH FULL NAME: _____

YouthWorks Summer Employment Program Eligibility Criteria

One Document of each Basic Criteria is required with Application to be accepted for the Lottery

Basic Eligibility Criteria	Acceptable Sources of Documentation <i>*see staff for other acceptable sources*</i>
1. Date of Birth & U.S. Work Authorization <div style="border: 1px solid red; padding: 2px; color: red; font-size: small;">You must be between the ages of 14 – 21</div>	<input type="checkbox"/> United States Birth Certificate <input type="checkbox"/> United States Passport or U.S Passport Card (Unexpired) <input type="checkbox"/> Permanent Resident Alien Card (Copy of BOTH sides - Unexpired) <input type="checkbox"/> Letter from the Commonwealth of Massachusetts EOHHS Agency (<i>for Foster Child and State Custody Youth, only</i>)
2. Picture ID	<input type="checkbox"/> School ID Card <input type="checkbox"/> Massachusetts issued Driver's License or State ID Card <input type="checkbox"/> <i>The documents below may be acceptable lieu of a Picture ID ONLY if you are under 18:</i> <input type="checkbox"/> School Record or Report Card <input type="checkbox"/> Clinic/Doctor/Hospital Record (<i>i.e. immunization record</i>)
3. Social Security	<input type="checkbox"/> Social Security Card
4. Selective Service Registration	Please visit the Selective Service System (SSS) https://www.sss.gov/ <input type="checkbox"/> SSS Registration Card <input type="checkbox"/> SSS Online Verification/Record <input type="checkbox"/> SSS Signed Application <div style="border: 1px solid red; padding: 2px; color: red; font-size: small; float: right;">This Criteria must be met ONLY if you are a MALE and 18 years old or older</div>
5. Proof Address <div style="border: 1px solid red; padding: 2px; color: red; font-size: small;">You must live in Haverhill, Lawrence, or Methuen</div>	<input type="checkbox"/> Massachusetts issued Driver's License or State ID Card <input type="checkbox"/> School Record or Report Card containing address <input type="checkbox"/> Gas/Electric/Phone or Other Utility Household Bill <input type="checkbox"/> Lease agreement <input type="checkbox"/> Pay Stub for a Household Member <input type="checkbox"/> Letter from a State or Government Agency indicating residency address <input type="checkbox"/> Other Official Mail
6. Income Eligibility	<input type="checkbox"/> Completed Proof of Free or Reduced Lunch (blank form is attached to this application) <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Copy of Food Stamps/SNAP Card AND Current Dated Receipt or letter <input type="checkbox"/> Last 4 Pay Stubs/Unemployment Stubs AND Previous year W-2 (for parents within the household) <input type="checkbox"/> Social Security or SSDI Benefits Letter <input type="checkbox"/> Housing Authority Income Verification <input type="checkbox"/> Court Award Letter <input type="checkbox"/> Written statement from other Federal, State, or Local agency (DCF, DYS, DMH, etc...) <input type="checkbox"/> Homelessness <input type="checkbox"/> Shelter/Social Service Agency Letter <input type="checkbox"/> Applicant Statement (<i>see staff for form</i>)
7. Family Size <div style="color: red; font-size: small;">[SKIP this document ONLY IF Attached Proof of Free or Reduced Lunch is provided completed by a school staff]</div>	<input type="checkbox"/> Health cards for ALL the family members living in the Household <input type="checkbox"/> US Birth Certificates for ALL family members <input type="checkbox"/> Lease agreement with ALL family members living in the Household listed <input type="checkbox"/> Public Assistance/Social Service/Public Housing Agency Record Listing Family Members <input type="checkbox"/> Letter from Commonwealth of Massachusetts EOHHS Agency (for Foster Child and State Custody Youth, only) <input type="checkbox"/> Applicant Statement if no other forms of documentation are available – must be supported with corroborative contact or reliable witness – Please ask the YouthWorks Staff for this form <div style="border: 1px solid red; padding: 2px; color: red; font-size: small; float: right;">Please DO NOT provide social security cards for your family members</div>
IF APPLICABLE 8. Youth Risk Factors	<input type="checkbox"/> DYS/Probation Letter indicating Court Involved (Juvenile arrest, gang-involved, probation, CHINS, DYS-committed) <input type="checkbox"/> DCF Letter indicating State Custody – (Foster Care, or Former Foster Status) <input type="checkbox"/> Homelessness or runaway youth- <input type="checkbox"/> Letter from Shelter/Social Service Agency <input type="checkbox"/> Applicant Statement (<i>see staff for form</i>) OTHER YOUTH RISK FACTOR: <input type="checkbox"/> Individualized Education Program Letter or 504 Plan – Pages 1 & 2



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YouthWorks Summer Employment Program Application

To be completed by youth: *(Please complete all applicable sections of the application)*

Did you participate in YouthWorks in previous years? Yes No, If Yes, which year(s)? _____

Social Security Number: _____ / _____ / _____ Today's Date: _____

First Name: _____ Middle Name _____ Last Name(s): _____

Street Address: _____ Apt. / Fl. #: _____ City: _____ State: MA Zip Code: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____ Age: _____ Gender: Male Female

Ethnicity:

- Caucasian/White African American Hispanic/Latino Asian Native American Hawaiian/Pacific Islander
- Other: _____

Contact Information:

Email Address: _____

Phone Number: (____) ____ - _____

Cell Phone Number: (____) ____ - _____

Parent Name: _____

Emergency Contact Name: _____

Parent Work Phone Number: (____) ____ - _____

Emergency Contact Phone: (____) ____ - _____

EDUCATION

School ID#: _____ High School Graduation Year: _____ Current/Highest grade completed: _____

Are you currently attending school? Yes No Do you have a GED/HiSet (High School Equivalency)? Yes No

Name of Current or Last School/ College enrolled: _____

Will you be attending school/college in the fall? Yes No (If Yes) Name of the school/college: _____

FAMILY INCOME

Family Size: _____ (Include yourself and the number of people living with you in the household)

Estimate your family income for the last 6 months: _____ Are you eligible for Free or Reduced Lunch? Yes No

(If Yes to Free or Reduced Lunch) please have the school complete and sign the attached VERIFICATION FORM

Are you or any member of your family receiving any of the following?

- TAFDC EAEDC SSI/SSDI Refugee Assistance Food Stamps/SNAP Child Support
- Unemployment Insurance Benefits Workman's Compensation None

RISK FACTORS

(Please indicate below, check all applicable)

- I am a Court-Involved youth (juvenile arrest, gang-involved, probation, CHINS, DYS Committed).
- I am a Foster Youth or former foster care youth (DCF).
- I am currently homeless or a runaway youth.
- I have an Independent Education Plan (IEP) or a disability.
- I am a teen parent.
- I am the child of a single, working parent.
- I have poor academic performance or dropped-out of high school.
- I have limited English language fluency.

Work/ Volunteer Experience (if applicable)

Employer/Organization Name: _____ **Job Title:** _____

Address: _____ City: _____ State: _____ Zip Code: _____

Start Date: ____/____/____ End Date: ____/____/____ Salary per hour: \$_____ Hours per week: _____

Reason for Leaving: _____

Employer/Organization Name: _____ **Job Title:** _____

Address: _____ City: _____ State: _____ Zip Code: _____

Start Date: ____/____/____ End Date: ____/____/____ Salary per hour: \$_____ Hours per week: _____

Reason for Leaving: _____

Please check and initial if you agree to the following:

Initials _____ I grant the MVWIB & ValleyWorks Career Center permission to take photographs of me while in their Youth Programs. I authorize the MVWIB & ValleyWorks Career Center, or its delegates, to copyright, use and publish the same in print and/or electronically. I agree that the MVWIB & ValleyWorks Career Center may use such photographs of me with or without my name for any lawful purpose, including publication, illustration, advertising, distribution, public display, video, media, print, promotional materials, and Web content.

Initials _____ I am currently attending high school and would you like to be enrolled in Connecting Activities (school to career program for in-school youth).

Do you have a valid driver's license? Yes No

Do you have reliable transportation? Yes No

Explanation of Participant Agreement: the Merrimack Valley Workforce Investment Boards (MVWIB) and ValleyWorks Career Center (VWCC) are funded in large part by federal and state grants. Data helps determine the level of funding for our region in future years.

Participant agreement: I allow MVWIB and VWCC to collect information on my future jobs. I agree to provide the information on my post-YouthWorks hire job start date, position title, name and address of employer, starting wage and benefits when I next become employed. I also agree to allow the MVWIB and VWCC to release YouthWorks employment information to prospective employers.

I hereby certify and attest, under penalty of perjury, that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for termination from certain services. I acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes. I approve the release of the contents of my application and file to employers, monitors, and other providers. My signature also attests that I have received information regarding my rights to equal opportunity/nondiscrimination and how to file a grievance, including a copy of the notice "Equal Opportunity and the Law" and "How to File a Formal Complaint/Grievance", and that I understand my social security number is being documented for standardized program information reporting purposes; and I have been supplied with a description of the full array of the VWCC Services.

Youth/Applicant Signature

Date

Parent/Guardian Signature - Required if less than 18 Years of Age

Date

YouthWorks Program Staff Signature

Date



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YOUTH OR PARENT MUST HAVE THE SCHOOL COMPLETE AND SIGN THIS FORM

FREE or REDUCED LUNCH VERIFICATION FORM

IF APPLICABLE: FOR IN-SCHOOL YOUTH ONLY

Family income is an eligibility criteria for publicly subsidized jobs. **In-school youth eligible for free or reduced lunch will meet the income and family size guidelines upon providing this form completed by the school staff.**

Student Name: _____

Current Grade in School: _____

Name of School: _____

School Address: _____

City: _____

Zip Code: _____

TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

This student has been approved and is eligible as defined by National School Lunch Act for:

Free Lunch

Reduced Lunch

School stamp, label or seal (required):

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT ACCORDING TO SCHOOL RECORDS.

The information provided in this form will be used solely to determine student eligibility for the Summer YouthWorks Employment Program and is not intended for any other purpose.

**** ALL INFORMATION OBTAINED WILL BE KEPT CONFIDENTIAL ****

School Staff Signature: _____

Date: ____/____/____

Print School Staff Name: _____

Phone #: _____

Job Title: _____