



2022 Youth Employment and Training Program

APPLICATION OF INTEREST

Completion of this application does not guarantee a slot in the program. Youth will be notified if the program is funded and they are selected. All youth with a complete application will be interviewed to assess career interests and abilities. The Youth Employment and Training Program places eligible youth in paid, temporary work-based internships for approximately 60-200 hours.

INSTRUCTIONS

Please download this application, edit and print this application. You may also print and complete all sections of the application in ink. Collect the required attachments listed on page 4 and attach copies to this paper application.

IT IS THE POLICY OF EASTCONN, EWIB, NORWICH YOUTH AND FAMILY SERVICES AND NEW LONDON YOUTH AFFAIRS NOT TO DISCRIMINATE ON THE BASIS OF RACE, COLOR, AGE, RELIGION, SEX, HANDICAPPING CONDITION OR NATIONAL ORIGIN IN ANY OF ITS EDUCATIONAL PROGRAMS, ACTIVITIES OR EMPLOYMENT POLICIES.

1. GENERAL INFORMATION (use TAB to move to the next field)

Name _____
First Name Middle Last Name

Address _____
Street Apt. # City State Zip Code

E-mail address: _____

Home Phone _____ Cell Phone _____

2. ACADEMIC INFORMATION

What school do you currently attend? _____ Grade Level _____

- What is your current Education Status?
- Enrolled in Middle or High School
 - Completed High School
 - Dropped Out of High School



3. EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

Name _____

Phone _____ Relationship to Youth _____

4. DEMOGRAPHIC INFORMATION

Date of Birth ____/____/____ **Youth must be at least 14 years old and no older than 24 years old by 7/1/2022.*
MM/DD/YYYY

Social Security Number *** - ** - _____ Gender Male Female Other
(Last 4 digits Only)

What is your race? Please check **all** that apply.

- Black Asian American Indian or Alaska Native
- White Some other race Native Hawaiian or Other Pacific Islander

Are you Hispanic or Latino? Yes No

5. PROGRAM HISTORY

Have you ever participated in the Summer Youth Employment and Training Program?

Yes No When _____ Where: _____

Are you currently employed? _____ If yes, where?

6. CAREER INFORMATION

WORK EXPERIENCE, SKILLS, INTERESTS OR PERSONAL ATTRIBUTES THAT YOU HAVE:

ADDITIONAL INFORMATION: ARE YOU CURRENTLY ENROLLED IN ANY OF THE FOLLOWING?

___ DEPARTMENT OF CHILDREN AND FAMILIES

___ LEVEL UP/BUREAU OF REHABILITATION SERVICES/AGING AND DISABILITY SERVICES



- JUVENILE JUSTICE
- MANUFACTURING PIPELINE INITIATIVE
- JET/OUT OF SCHOOL YOUTH PROGRAM OR COOL DIRECTIONS/IN SCHOOL YOUTH PROGRAM
- OTHER VOCATIONAL PROGRAMMING: _____

REFERENCES:

Please list people who have closely observed your work as an employee or student.

Name	Position	Address	Telephone

7. PROGRAM QUALIFICATION (TO BE COMPLETED WITH A PARENT/GUARDIAN)

**** Only complete this section if you do not qualify for free or reduced lunch ****

Check here if you receive SNAP (food stamps) and/or TANF. Attach proof to this application.

Family income	\$ _____	185% Federal Poverty Level ¹	
		Family size	Income
Family size (number of family members)	_____	1	\$23,828
		2	\$32,227
		3	\$40,626
		4	\$49,025
		5	\$57,424
		6	\$65,823
		7	\$74,222
		8	\$82,621
EWIB Partners may verify your eligibility during the application process or during the program. This includes requesting documentation such as pay stubs to verify that the above information is correct.			

¹ This chart represents the maximum income levels for a family to qualify and or participate in the minimum level subsidized school meal program. For a family size over 8 add \$8,399 per family member.

OR Complete below if applicable:

DCF eligibility: Include name and contact information of DCF case worker below.

Level Up eligibility: Include name of Level Up Counselor below.

Juvenile Justice eligibility: Include name and contact information of Probation Officer below.



PLEASE READ CAREFULLY BEFORE SIGNING

I understand and authorize the release of this information to the Eastern CT Workforce Investment Board (EWIB) a non-profit organization, and its cooperating agencies (EASTCONN, Norwich Human Services and New London Youth Affairs), for regulatory and internal processes associated with employment, payroll, and funding. I certify that all of the information in this application is true and correct to the best of my ability and that all income is reported. I understand that the Eastern CT Workforce Investment Board (EWIB) a non-profit organization, and its cooperating agencies (EASTCONN, Norwich Human Services and New London Youth Affairs), may verify any information contained in this application. I understand that this application must be submitted with the required forms and copies of supporting documentation.

CHECKLIST: The following items are required for your application to be complete.

Copies of the following items must be attached to this application:

- Social Security Card
- Birth Certificate or Permanent Resident Card if born outside the United States
- Unofficial school transcript (with SASID number included)-if attending school
- Proof of Eligibility (part 7 of application)
- Photo Identification (if you are 18 years old or older)
- School Release Form, Medical Release Form, Photo Release Form (attached)

Applicant's Signature

Date

Parent/Legal Guardian's Signature

(Required if applicant is under 18 years old)

Date

Please contact one of the staff listed below when you have completed your application. Please DO NOT fax or e-mail your application.

Danielson office: Connie Sipos, EASTCONN, 562 Westcott Road, Danielson, CT 06239
csipos@eastconn.org *Includes the following towns: Brooklyn, Canterbury, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Union, Woodstock*

New London office: Cindy Alvarez, New London Youth Affairs, 111 Union Street, New London, CT 06320
jalvarez@newlondonct.org
Includes the following towns: East Lyme, Groton, Ledyard, Lyme, New London, North Stonington, Old Lyme, Salem, Stonington, Waterford

Norwich office: Hector Sanchez, Norwich Youth and Family Services, 100 Broadway, Norwich, CT 06360
hsanchez@cityofnorwich.org
Includes the following towns: Bozrah, Colchester, Franklin, Griswold, Lisbon, Montville, Norwich, Preston, Sprague, Voluntown

Willimantic office: Kelsie Rivera, EASTCONN, 1320 Tyler Square, Willimantic, CT 06226
krivera@eastconn.org
Includes the following towns: Ashford, Chaplin, Columbia, Coventry, Lebanon, Mansfield, Willington and Windham



Statement / Photo Release

Eastern CT Workforce Investment Board

108 New Park Avenue
Franklin, CT 06254

I hereby give my consent to the Eastern CT Workforce Investment Board (EWIB) a non-profit organization, and its cooperating agencies (EASTCONN, Norwich Human Services and New London Youth Affairs), its legal representatives, successors and assigns, employees and any person acting with its permission, upon its authority or on its behalf, to use my name, voice, verbal statements, and portrait or picture (motion or still) for advertising purposes, for purposes of trade, public information, or for any lawful purpose whatsoever.

Printed Name

Signature

Address, city, state, zip

Date

Parental Consent required if youth under 18 years old

Parental Consent:

I hereby certify that I am the parent and/or guardian of _____ a minor under the age of eighteen years and I hereby consent that any statements and/or photographs which have been, or are about to be made of my above named minor by the EWIB and its cooperating agencies (EASTCONN, Norwich Human Services, and New London Youth Affairs), may be used by the EWIB and its cooperating agencies (EASTCONN, Norwich Human Services, and New London Youth Affairs), for the purposes set forth in original release hereinabove, signed by the minor, with the same force and effect as if executed by me.

Parent or Guardian Signature

Address

Date



SCHOOL RECORD

YOUTH EMPLOYMENT AND TRAINING PROGRAM 2022

REQUEST FOR RELEASE OF RECORDS

To be completed by student and parent/guardian:

I hereby give permission for _____ to release copies
Applicant's current school

of the school records of _____ to the
Applicant's name

Youth Employment and Training Program for the purpose of his/her application to the Youth Employment and Training Program. Such records include, but are not limited to, verification of enrollment in school and proof of residency/address. I understand that all records provided to the Youth Employment and Training Program will be maintained on a confidential basis.

Parent/Guardian Signature
(Required if applicant is under 18 years old)

Date

Applicant Signature

Date



MEDICAL RELEASE FORM

Youth Employment Form 2022

This form will cover all Youth Employment Program 2022 activities.

Name: _____
Date of Birth: _____
Home Address: _____
Parent/Guardian Name: _____
Parent/Guardian Work Telephone Number: _____ Home/Cell Number: _____
Emergency Contact: _____ Telephone Number: _____
Family Physician: _____ Telephone Number: _____
Insurance Company: _____ Policy Number: _____

I give permission for _____ to participate in all Youth Employment activities and field trips. I understand that the Youth Employment staff may, if necessary for my child's health, have him/her hospitalized or use outside medical aid in case of an emergency. This treatment would be at the parent's/guardian's own expense.

List any allergies and specify degree and severity:

Please describe any work restrictions or health concerns that may hinder work activity:

Please list any medications that will accompany your child to the site or during any Youth Employment Program activity. (Youth must be able to administer medication to him/herself)

Name of medication Dosage How often

Date: _____ Parent/Guardian Signature: _____