



# SF YouthWorks

## SCHOOL YEAR 1819 APPLICATION

Thank you for your interest in applying to San Francisco YouthWorks.  
Please contact us at 415-202-7911 or sfyouthworksinfo@jccy.org with any questions

**APPLICATION DEADLINE: Friday September 7, 2018 by 5pm**

### ELIGIBILITY REQUIREMENTS

In order to apply for SF YouthWorks, you must meet **ALL** of the following requirements.

**Please check each item below to confirm your eligibility.**

- I am enrolled in the 11<sup>th</sup> or 12<sup>th</sup> grade for the 2018-2019 school year.
- I have at least 130 credits. (If you have less than 130 credits, you must turn in a letter of recommendation from a counselor, teacher, or case manager.)
- I live AND go to school in San Francisco.
- I am able to work at least 6 hours every week, Monday – Friday between 9am and 5pm.
- I can attend mandatory workshops. (Dates can be found on Page 5)
- I can commit to the entire school year session. (Oct 2018 – May 2019)
- I have a professional and active email address. SF YouthWorks will only send interview invites via email.
- I can present original work eligibility documents to meet SF YouthWorks' requirements IF accepted into the program. Required documents are:
  - Social Security Card (must be original and signed)
  - Picture ID (CA ID, School ID, Passport, etc.)
  - Proof of Age (if ID does not list birth date)
  - Valid Permanent Resident / Alien Card (if applicable)
  - High School Transcript

### READ THIS IMPORTANT INFORMATION BEFORE APPLYING:

- Almost all SF YouthWorks internships are clerical (filing, data entry, customer service, etc.) and most office's work hours are from Monday to Friday between 9AM and 5PM.
- SF YouthWorks makes invitation to interview decisions based on availability to work, barriers to employment, past work/volunteer experience, and quality of short answers. Final placements will be based off of interview performance.
- Youth may not participate in MYEEP and SF YouthWorks during the same session.
- In addition to the internship, participants will attend mandatory workshops and also have the option to participate in other workshops/trainings.
- If you have previously participated in SF YouthWorks, you must receive advance authorization from your Employment Coordinator to re-apply.

### TURNING IN YOUR YOUTHWORKS APPLICATION:

**Submit your completed application by mail or in person to:**

2012 Pine Street (@Laguna) 2nd Floor, San Francisco, CA 94115

**SF YouthWorks cannot accept faxed or emailed applications.**

San Francisco YouthWorks  
*is a program of:*

Japanese Community Youth Council and Department of Children, Youth and Their Families

**INSTRUCTIONS:** Please complete the entire application by typing or printing clearly in blue or black ink. Incomplete or partial answers to any questions will impact your chance of acceptance.

### PERSONAL INFORMATION:

**Legal First Name:** \_\_\_\_\_ **Legal Last Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_ **Adopted Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_ **Gender Identity:**  Female  Male  
 Transgender  Gender non-conforming

**Street Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

\*You must live in San Francisco to participate in SF YouthWorks— no exceptions!

**Home Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\*SF YouthWorks will e-mail interview invitations. Please make sure your email address is accurate. Interview e-mails will be sent between 9/18/18 – 10/5/18.

### SCHOOL INFORMATION:

**Grade in 2018-2019:**  11<sup>th</sup>  12<sup>th</sup>

**Please provide your current number of school credits:** \_\_\_\_\_

(If you have less than 130 credits, you must turn in a letter of recommendation from a counselor, teacher, or case manager.)

**Current school in 2018-2019:** \_\_\_\_\_

**Do you have an IEP** (Individualized Educational Program)?  Yes  No  Not Sure

**English Fluency Level:** (Please select from boxes below)

- Fluent (Native English speaker, speak very well, etc.)
- Somewhat Fluent (ELL student, speak English somewhat well, etc.)
- Not Fluent (Nonnative English speaker, do not speak English, etc.)

### DEMOGRAPHIC INFORMATION:

**Other Demographics** (please check all that apply):

LGBTQ  I provide financial support to my family  I am a parent

I have a Probation Officer.

Probation Officer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I have a Case Manager.

Case Manager Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Accommodation:**

Our application process provides access to all and is open to people of all abilities. Will you need reasonable accommodations or extra help to participate in the program? For example, modified tasks, specialized equipment, interpreter services. This information will help us find a placement for you. We will call you to discuss if needed.

Yes, Please Specify: \_\_\_\_\_

No

**Race / Ethnicity:** Check all the boxes corresponding to your race/ethnicity.

- |   |  |
|---|--|
| <input type="checkbox"/> African American                           | <input type="checkbox"/> Hispanic/Latino – Other (please specify below)  |
| <input type="checkbox"/> Other Black (please specify below)         | <input type="checkbox"/> Middle Eastern – Arab                           |
| <input type="checkbox"/> Asian – Chinese                            | <input type="checkbox"/> Middle Eastern – Iranian                        |
| <input type="checkbox"/> Asian – Filipino                           | <input type="checkbox"/> Middle Eastern – Other (please specify below)   |
| <input type="checkbox"/> Asian – Indian                             | <input type="checkbox"/> Native American                                 |
| <input type="checkbox"/> Asian – Japanese                           | <input type="checkbox"/> Native Alaskan                                  |
| <input type="checkbox"/> Asian – Korean                             | <input type="checkbox"/> Pacific Islander – Guamanian                    |
| <input type="checkbox"/> Asian – Laotian                            | <input type="checkbox"/> Pacific Islander – Hawaiian                     |
| <input type="checkbox"/> Asian – Thai                               | <input type="checkbox"/> Pacific Islander – Samoan                       |
| <input type="checkbox"/> Asian – Vietnamese                         | <input type="checkbox"/> Pacific Islander – Tongan                       |
| <input type="checkbox"/> Asian – Other (please specify below)       | <input type="checkbox"/> Pacific Islander – Other (please specify below) |
| <input type="checkbox"/> Hispanic/Latino – Caribbean                | <input type="checkbox"/> White/European American                         |
| <input type="checkbox"/> Hispanic/Latino – Central American         | <input type="checkbox"/> Other White (please specify below)              |
| <input type="checkbox"/> Hispanic/Latino – Mexican/Mexican American | <input type="checkbox"/> Other (please specify below):                   |
| <input type="checkbox"/> Hispanic/Latino – South American           |  |

If you selected a box that included **other**, please specify: \_\_\_\_\_

**Language:** Check all the languages you can speak conversationally:

- |                                       |   |                                     |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> English      | <input type="checkbox"/> Khmer/Cambodian    | <input type="checkbox"/> Russian    |
| <input type="checkbox"/> Arabic       | <input type="checkbox"/> Korean             | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Cantonese    | <input type="checkbox"/> Mandarin/Putonghua | <input type="checkbox"/> Toishanese |
| <input type="checkbox"/> Japanese     | <input type="checkbox"/> Pilipino/Tagalog   | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ |   |                                     |

**HOUSEHOLD INFORMATION:**

**Living Situation:** (Please check all that apply)

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Two Parent Household    | <input type="checkbox"/> Self-Support | <input type="checkbox"/> Group Home  |
| <input type="checkbox"/> Single Parent Household | <input type="checkbox"/> Homeless     | <input type="checkbox"/> Foster Home |

**Housing Status:** (Please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Permanent/Stable Housing                   | <input type="checkbox"/> Homeless – Motel/Hotel                            |
| <input type="checkbox"/> Homeless – Transitional/Supportive Housing | <input type="checkbox"/> Homeless – Staying with Friends/Family/Doubled-Up |
| <input type="checkbox"/> Homeless – Shelter/Emergency Housing       | <input type="checkbox"/> Homeless - Unsheltered                            |

**Household Information:** Have your parent or guardian assist you with this section.

Do you live in Public Housing?  Yes  No

Does anyone in your household receive Public Assistance?  Yes  No

If anyone in your household receives public assistance, please check all that apply:

- Food Stamps  Medi-Cal  Social Security Income (SSI)  
 General Assistance (GA)  TANF/CalWORKs  Other: \_\_\_\_\_

Number of People Living in your Household: \_\_\_\_\_

Approximate Annual Household Income:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$0 – \$10,000      | <input type="checkbox"/> \$40,001 – \$50,000 | <input type="checkbox"/> \$80,001 – \$90,000  |
| <input type="checkbox"/> \$10,001 – \$20,000 | <input type="checkbox"/> \$50,001 – \$60,000 | <input type="checkbox"/> \$90,001 – \$100,000 |
| <input type="checkbox"/> \$20,001 – \$30,000 | <input type="checkbox"/> \$60,001 – \$70,000 | <input type="checkbox"/> \$100,001 and over   |
| <input type="checkbox"/> \$30,001 – \$40,000 | <input type="checkbox"/> \$70,001 – \$80,000 |   |

Have you applied to SF YouthWorks before?  Yes  No If **yes**, when did you apply? \_\_\_\_\_

**Referral:** Who referred you to the San Francisco YouthWorks Program?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Mayor's Youth Employment & Education Program (MYEEP) | <input type="checkbox"/> My School    |
| <input type="checkbox"/> Job Fair   | <input type="checkbox"/> Self         |
| <input type="checkbox"/> Friend   | <input type="checkbox"/> Other: _____ |

## AVAILABILITY & SCHEDULING:

This section will help us determine whether you have the time in your schedule this school year to participate in SF YouthWorks. Please provide **honest and accurate** answers as we will expect you to keep the schedule that you provide here. **Please note that you must be available to work a MINIMUM of 6 hours weekly to be eligible for SF YouthWorks.**

### **WORK AVAILABILITY:**

Given your time commitments and other summer responsibilities, determine the times you could **start** and **end** work during the 2018-2019 session, which lasts from October through May. **Remember to consider that you will need time each day to travel to your internship from school.**

Workday	What time can you leave school?	What time can you START work? <i>(Please consider travel time to worksite from school will be about 1 hour.)</i>	What time can you END work? <i>(A majority of our worksites close at 5:00pm)</i>	Total hours you can work each day.
<b>Example: MONDAY</b>	2:27pm	3:30pm	5:00pm	1.5 hours
<b>MONDAY</b>			5:00pm	
<b>TUESDAY</b>			5:00pm	
<b>WEDNESDAY</b>			5:00pm	
<b>THURSDAY</b>			5:00pm	
<b>FRIDAY</b>			5:00pm	
<b>TOTAL HOURS YOU ARE AVAILBLE WEEKLY (add up hours from each day):</b>				

### **WORKSHOP ATTENDANCE:**

#### **FALL:**

Can you attend mandatory workshops on the following dates?  Yes  No

Tuesday, October 23 4:30PM – 6:30PM

Tuesday, October 30 4:30PM – 6:30PM

Wednesday, October 24 4:30PM – 6:30PM

Wednesday, October 31 4:30PM – 6:30PM

Thursday, October 25 4:30PM – 6:30PM

Thursday, November 1 4:30PM – 6:30PM

#### **SPRING:**

Can you attend mandatory workshops on the following dates?  Yes  No

Thursday, January 3 1:00PM – 3:00PM      Wednesday, March 6 4:30PM – 6:30PM

Friday, January 4 1:00PM – 3:00PM

Wednesday, April 3 4:30PM – 6:30PM

Wednesday, March 27

### **EXTRA-CURRICULAR ACTIVITIES AND OTHER SCHEDULING CONSIDERATIONS:**

Please list ALL of your extra-curricular activities (clubs, sports, classes, community service, night school) for the 2018-2019 school year and **list the time and dates when they may occur.** Please let us know about any other factors that may affect your ability to work:

### **COMMUTE CONSIDERATION:**

Interns placed at the San Francisco International Airport (SFO) will need to travel 15 miles outside city limits to their worksite in San Bruno, CA and will receive a travel reimbursement for time spent commuting. If your schedule permits, would you be interested in being placed at this worksite?

Yes  No

## **SHORT ANSWER QUESTIONS:**

**RESPOND TO ALL 4 OF THESE QUESTIONS ON A SEPARATE SHEET(S) OF PAPER.  
BE SURE TO:**

- **Answer all four questions thoroughly and thoughtfully. *RESPONSES ARE MANDATORY***
- **Type (preferred) or neatly print your answers on a separate sheet(s) of paper.**
- **Attach these answers to your application when you submit to SF YouthWorks.**
- **Write a paragraph or two for each question, but do not exceed 2 pages total.**
- **Label all pages with your full name and all answers with the number of the question.**

### **SHORT ANSWER QUESTIONS:**

1. Please explain in detail why you feel you are mature and responsible enough to handle an internship in a San Francisco city government department.
2. Please describe how you would react to constructive criticism provided by your mentor and/or Employment Coordinator? How can constructive criticism help you grow?
3. Name one city department where you would like to become an intern. Describe why this city department interests you. (Please visit <http://sfyouthworks.org/for-youth/become-an-intern> and select a city department that is associated with SF YouthWorks. Please note that participating departments vary from session to session and we cannot guarantee placements with any particular department.)
4. Please explain how you would handle the following scenario: You're approaching the end of your 1<sup>st</sup> semester and you are having a difficult time trying to handle finals, essays, internship, college applications and your personal life. How would you handle this situation?

## **CONSENT & COMMITMENT SIGNATURES**

### **YOUTH APPLICANT CONSENT AND COMMITMENT**

You are applying to participate in the San Francisco YouthWorks program for the **2018-2019 session** (October-May)

If you are accepted into the program, we expect you to fully participate in *all* program activities and to be personally responsible for your attendance, attitude, and performance at work and at other activities.

Please sign below to indicate your acceptance of the following:

- Commitment to participate in SF YouthWorks for the **2018-2019 session** (October-May)
- Commitment to be responsible about attending work & school as a condition for remaining in the program
- Commitment to complete your work tasks to the best of your ability and to ask for help when needed
- Commitment to communicate with SF YouthWorks staff and worksite mentors about your goals, questions, and interests

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**Applicant's Name (Please Print)**

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**Applicant's Signature**

**Date**

### **PARENT/GUARDIAN: (IF APPLICANT IS UNDER 18)**

Your teenager is applying to participate in San Francisco YouthWorks, an internship program that will provide them with the chance to explore a career and learn job skills while being supported by a city government career mentor and SF YouthWorks staff. If your teen is accepted to participate in SF YouthWorks, we will ask that they follow all of the standards expected of a responsible worker.

Please sign below to indicate your acceptance of the following: **2018-2019 session** (October-May)

- Consent for SF YouthWorks to employ your teen in a paid internship, with the understanding that any intern may be reassigned or terminated based on work performance, attendance, interest, or other factors.
  - Consent to take pictures/video of your teen at worksites, trainings, and events for documentation of program activities. These pictures and videos may be used in brochures, newsletters, our blog, website and/or other program materials. SFYW/JCYC regrets that it cannot offer financial compensation for use of these photos and video.
- Media Release Opt Out
- Understanding that by accepting a position in SF YouthWorks, interns are committing to maintaining a regular work schedule and prioritizing attendance at work and workshops.

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**Parent/Guardian Name (Please Print)**

**Date**

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**Parent/Guardian's Signature (if applicant is under 18)**

**Date**

**Non-Discrimination Policy:** SF YouthWorks does not discriminate based on race, color, age, sex, gender, sexual orientation, familial status, religious creed, national origin, ancestry, medical condition, marital status, disability, or any other characteristics. SF YouthWorks also forbids harassment of any employee based on the stated characteristics

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ (your name), hereby authorize release of information between SF YouthWorks and relevant agencies/ individuals. I understand that information shared among agencies or individuals will be handled in the strictest of confidentiality. The purpose of this information is to enable SF YouthWorks to better serve participant youth employment and training needs.

The types of relevant agencies SF YouthWorks may request and/or share information with include:

- Worksite Mentor(s) / Employer(s)
- Parent(s) / Legal Guardian(s)
- High Schools and Colleges
- Non-Profit Organizations (i.e. ILSP, JVS, etc.)
- Human Services Agency
- Physician / Medical Staff
- Probation Officers / Case Managers

**Please list any agencies or individuals you do not want to be contacted:**

**The types of information to be shared might include:**

- Job Placement Information
- Employment Verification and Records
- Educational Records
- Training Information, including attendance, participation reports, and grades
- Follow-up information after transfer or termination of service provided by SFYW
- Relevant Criminal History

### **PARTICIPANT DETAILS:**

**Legal Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**PERIOD OF AUTHORIZATION:** This Authorization to Release my Information expires on whichever date occurs first:

- Two years from the date of my signature
- The date on which I deliver my written revocation of this Authorization

### **SIGNATURES:**

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if youth under 18): \_\_\_\_\_ Date: \_\_\_\_\_



**OFFSITE TRAVEL PERMISSION FORM**

Valid from: **October 1, 2018 to May 12, 2019**

By participating in SF YouthWorks, your child/dependent is agreeing to attend an internship at a San Francisco City Department and to participate in other events at and near the SF YouthWorks office at 2012 Pine Street.

In addition to these regular activities, worksite mentors and SF YouthWorks staff members plan periodic off-site trips within the city of San Francisco. These trips are an important way for interns to see different job sites and learn about career and educational options.

My child/dependent, \_\_\_\_\_ has permission to travel to and attend off-site events planned and supervised by SF YouthWorks mentors or staff members.

Child/Dependent Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Emergency Information Form

Participant First & Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

List any specific medical concerns or conditions, including allergies and medications:

Can participant be taken to the nearest medical facility? Yes  No

If no, please specify the facility s/he should be taken to:

Facility: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does participant have healthcare insurance? Yes  No  Name of Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Primary Care Physician (if any): \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION:**

Emergency Contact Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

### **IN THE EVENT OF A WORKPLACE INJURY, THE FOLLOWING PROCEDURES WILL BE FOLLOWED:**

**If the injury is an emergency**, SF YouthWorks staff and/or worksite mentor will call 911 or take the intern to the nearest emergency room, and inform medical personnel that the injury is work-related.

**If the injury is not an emergency**, SF YouthWorks staff and/or mentor will take the intern to either the Kaiser Occupational Health Clinic or to the pre-designated doctor (see section above). Follow up care will be handled by the Kaiser clinic or pre-designated doctor.

### **Kaiser Occupational Health Clinic Locations:**

For Injuries Occurring Before 5:00pm: 601 Van Ness Avenue · Mezzanine Level · (415) 674-7000

For Injuries Occurring After 5:00pm: 350 St. Joseph's St. · (Near Divisadero/Geary)

\*\*\*Should the need occur, I authorize SF YouthWorks staff, worksite mentor and/or medical personnel to act in accordance with the above instructions and, where services needed are not addressed above, to exercise their best judgment in providing appropriate service.

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature (required if youth under 18):** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Workers Compensation Medical Provider Network Waiver

## Workers Compensation Medical Provider Network Waiver

As an employee of the Japanese Community Youth Council (JCYC), Workers Compensation Insurance is provided to you if you are injured while working at your SF YouthWorks job. In California, you have the right to pre-designate in advance of any work-related injury, a personal physician who you have received services from before and who is willing to sign an agreement to provide medical care for work-related injuries.

This form documents that you DO NOT want to pre-designate a provider. If you would like to pre-designate a personal physician (must acquire their signature on a separate form), please contact your Coordinator for the form.

**Sign Below** to allow SF YOUTHWORKS to follow its standard procedures:

I, the undersigned employee, waive my right to pre-designate a personal physician and understand that I will be referred to a physician that is part of the California State Fund Medical Provider Network.

\_\_\_\_\_  
Participant Name (Printed)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Consent to and Direction for Treatment of Minor

If you are injured on the job and require professional medical attention you may be taken to either Kaiser Permanente Occupational Health Center or the Kaiser Emergency Room.

The *Consent To And Direction For Treatment of Minor* form (on back) allows the SF YouthWorks participant to be treated by Kaiser Permanente with out a Parent/Guardian being present. Signing the form means you consent to you child receiving treatment in the case that a Parent/Guardian is not present.

INSTRUCTIONS- To complete the form fill out the following:

- Write your child's name in the line title RE:
- Enter date of birth
- If your child is a Kaiser member write in their medical record number. If they are *not* a Kaiser member leave that line blank
- Sign, specify relationship and date

If you have any questions about the form please call SF YOUTHWORKS central office at 415-202-7911



Kaiser Foundation Hospitals  
The Permanente Medical Group, Inc.

**CONSENT TO AND DIRECTION FOR TREATMENT OF MINOR**

TO: The Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the doctors, nurses, and members of the medical staffs thereof.

RE: \_\_\_\_\_, a minor.

Date of Birth \_\_\_\_\_ Medical Record No. \_\_\_\_\_

I, (We), being the parent(s) or guardian(s), entitled to the care, custody and control of the aforesaid minor, do hereby authorize, request and direct you and each of you to render such treatment to said minor as in your judgment is advisable.

It is contemplated that the above minor may from time to time appear at your hospitals, clinics, offices and facilities for examination or treatment, or both, unaccompanied by an adult, because of my (our) absence or unavailability.

I, (We), understand that the physicians, nurses or administrators may deem it advisable that a parent or guardian or other authorized adult be present with said minor for the purpose of assisting in the diagnosis or treatment. I, (We), agree to cooperate by being present with said minor at all times possible or when requested.

This consent will be in effect until it is terminated by written notice received by the Physicians of The Permanente Medical Group, Inc. at the Hospital or Medical Office location(s) where the original consent has been filed.

X \_\_\_\_\_  
SIGNATURE

X \_\_\_\_\_  
SPECIFY RELATIONSHIP

X \_\_\_\_\_  
SIGNATURE

X \_\_\_\_\_  
SPECIFY RELATIONSHIP

Dated: \_\_\_\_\_, 20 \_\_\_\_\_

Kaiser Permanente  
Occupational Health Center  
601 Van Ness Avenue  
Suite 2008  
San Francisco, CA 94102

NOTE: This form should be completed for each minor in the family and filed with the Chart Room Supervisor at the Kaiser Foundation Hospital or Permanente Clinic where you expect services to be rendered.

**Please keep in mind your application is not complete until you have completed the following:**

- The personal information section on page 2
  - Name
  - Address
  - Phone number
  - Birth
  - Gender
  - Email address: (Please Enter) \_\_\_\_\_  
**\*SF YouthWorks will e-mail interview invitations. Please make sure your email address is accurate. Interview e-mails will be sent between 9/18/18 – 10/5/18.**
- The school information section on page 2
  - School
  - Grade
- The demographic information section on page 2-3
  - Other demographics
  - Race/Ethnicity
- The household information section on page 4
  - Living Situation
  - Home Language
  - Public Assistance
- The availability & scheduling section on page 5
  - The entire page must be filled out
- The short answer questions section on page 6
  - All four questions must be submitted with your application
- The required documents pages 7-12
  - Consent & Commitment Form
  - Authorization for Release Information Form
  - Office Travel Permission Form
  - Emergency Information Form
  - Workers Compensation
  - Kaiser Forms

**Please fill out the entire application and review it before you turn it in. Incomplete applications will be either penalized or rejected.**

**TURNING IN YOUR SF YOUTHWORKS APPLICATION:**

<p><b><u>SUBMIT YOUR COMPLETED APPLICATION:</u></b></p> <p><b>Submit by Mail or in Person to:</b> <b>San Francisco YouthWorks, 2012 Pine Street</b> <b>(@Laguna) 2nd Floor, San Francisco, CA 94115</b></p>	<p><b><u>CONTACT US WITH QUESTIONS:</u></b></p> <p><b>TEL:</b> (415) 202-7911</p> <p><b>EMAIL:</b> <a href="mailto:sfyouthworksinfo@jyc.org">sfyouthworksinfo@jyc.org</a></p> <p><b>WEB:</b> <a href="http://www.sfyouthworks.org">www.sfyouthworks.org</a></p>
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**SF YouthWorks is committed to making reasonable accommodations to ensure that people of all abilities have an equal opportunity to participate in our program and activities.**