



SF YouthWorks

SCHOOL YEAR 1920 APPLICATION

Thank you for your interest in applying to San Francisco YouthWorks.
Please contact us at 415-202-7911 or sfyouthworksinfo@jccyc.org with any questions
APPLICATION DEADLINE: Friday September 20, 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 11th or 12th grade for the 2019-2020 school year.
- 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 2019 – May 2020)
- 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 on 9/27/19.**

SCHOOL INFORMATION:

Grade in 2019-2020: 11th 12th

Current school in 2019-2020: _____

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Social Security Income (SSI) |
| <input type="checkbox"/> General Assistance (GA) | <input type="checkbox"/> TANF/CalWORKs | <input type="checkbox"/> 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 2019-2020 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 to 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.
<i>Example:</i> MONDAY	2:27pm	3:30pm	5:00pm	1.5 hours
MONDAY			5:00pm	
TUESDAY			5:00pm	
WEDNESDAY			5:00pm	
THURSDAY			5:00pm	
FRIDAY			5:00pm	
TOTAL HOURS YOU ARE AVAILABLE WEEKLY (add up hours from each day):				

WORKSHOP ATTENDANCE:

FALL: Can you attend mandatory workshops on the following dates? Yes No
 Tuesday, October 22 4:30PM – 6:30PM Wednesday, October 30 4:30PM – 6:30PM
 Wednesday, October 23 4:30PM – 6:30PM Thursday, November 14 4:30PM – 6:30PM
 Tuesday, October 29 4:30PM – 6:30PM Thursday, December 5 4:30PM – 6:30PM

SPRING: Can you attend mandatory workshops on the following dates? Yes No
 Thursday, January 16 4:30PM – 6:30PM Thursday, March 26 4:30PM – 6:30PM
 Thursday, February 6 4:30PM – 6:30PM Thursday, April 9 4:30PM – 6:30PM
 Thursday, March 5 4:30PM – 6:30PM

EXTRA-CURRICULAR ACTIVITIES AND OTHER SCHEDULING CONSIDERATIONS:

Please list ALL of your extra-curricular activities (clubs, sports, classes, community service, night school) for the 2019-2020 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 1st 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?

FIRMAS DE CONSENTIMIENTO Y COMPROMISO

CONSENTIMIENTO Y COMPROMISO DEL SOLICITANTE JUVENIL

Solicita participar en el programa YouthWorks de San Francisco para la **sesión 2019-2020** (Octubre-Mayo)

Si tu eres aceptado en el programa, nosotros esperamos que tu puedas paticipar plenamente en las actividades del programa y ser personalmente responsable de su asistencia, actitud y desempeño en el trabajo y en otras actividades.

Por favor firme abajo para indicar su aceptacion de lo siguiente:

- Compromiso de participar en SF YouthWorks para la **sesión 2019-2020** (Octubre-Mayo)
- Compromiso de ser responsable de asistir al trabajo y la escuela como condición para permanecer en el programa.
- Compromiso de completar sus tareas laborales lo mejor que pueda y de pedir ayuda cuando sea necesario
- Compromiso de comunicarse con el personal de SF YouthWorks y los mentores del lugar de trabajo acerca de sus objetivos, preguntas e intereses.

Nombre del Solicitante (Please Print)

Firma del Solicitante

Fecha

PADRE/GUARDIAN: (SI EL SOLICITANTE ES MENOR DE 18)

Su adolescente esta aplicando para participar en San Francisco YouthWorks, un internship program que les da la oportunidad de explorar una carrera y aprender habilidades de trabajo mientras es apoyado por un mentor de carrera del gobierno de la ciudad y el personal de SF YouthWorks. Si su adolescente es aceptado para participar en SF YouthWorks, nosotros les pediremos que sigan todos los estándares que se esperan de un trabajador responsable.

Por favor firme abajo para indicar su aceptacion de lo siguiente: **session 2019-2020** (Octubre-Mayo)

- Consentimiento para que SF YouthWorks emplee a su adolescente en una pasantía remunerada, con el entendimiento de que cualquier pasante puede ser reasignado o despedido en función del desempeño laboral, asistencia, interés u otros factores.
- Consentimiento para tomar fotos / videos de su hijo adolescente en los lugares de trabajo, capacitaciones y eventos para documentar las actividades del programa. Estas imágenes y videos pueden usarse en folletos, boletines informativos, nuestro blog, sitio web y/u otros materiales del programa. SFYW/JCYC lamenta no poder ofrecer una compensación financiera por el uso de estas fotos y videos.

Exclusión de lanzamiento de medios

- Comprender que al aceptar un puesto en SF YouthWorks, los pasantes se comprometen a mantener un horario de trabajo regular y priorizan la asistencia al trabajo y a los talleres.

Nombre del Padre/Guardian (Please Print)

Fecha

Firma del Padre/Guardian (Si el solicitante es menor de 18)

Fecha

Política de no discriminación: SF YouthWorks no discrimina por motivos de raza, color, edad, sexo, género, orientación sexual, estado familiar, credo religioso, origen nacional, ascendencia, condición médica, estado civil, discapacidad o cualquier otra característica. SF YouthWorks también prohíbe el acoso de cualquier empleado en función de las características indicadas

AUTORIZACION PARA DIVULGACION DE INFORMACION

Yo, _____ (su nombre), autorizo la divulgación de información entre SF YouthWorks y las agencias/individuos relevantes. Entiendo que la información compartida entre agencias o individuos se manejará con la más estricta confidencialidad. El propósito de esta información es permitir que SF YouthWorks atienda mejor las necesidades de empleo y capacitación de los jóvenes participantes.

Los tipos de agencias relevantes que SF YouthWorks puede solicitar y/o compartir información incluyen:

- Mentor(es) de trabajo/Empleador(es)
- Padre(s)/Tutor(es) legal(es)
- Escuelas secundarias y universidades
- Organizaciones sin fines de lucro (es decir, ILSP, JVS, etc.)
- Agencia de servicios humanos
- Médico/personal médico
- Oficiales de libertad condicional/gerentes de caso

Por favor enumere las agencias o personas con las que no desea ser contactado:

LOS tipos de información que se compartiran puede incluir:

- Información de colocación laboral
- Verificación de empleo y registros
- Registros educativos
- Información de capacitación, incluyendo asistencia, informes de participación y calificaciones.
- Información de seguimiento después de la transferencia de la terminación del servicio proporcionado por SFYW
- Historia criminal relevante

Detalles del Solicitante:

Nombre Legal: _____

Dirección: _____

Ciudad, Estado, Zip: _____

PERIDO DE AUTORIZACION: Esta Autorización de divulgar mi información caduca en la fecha que ocurra primero:

- Dos años a partir de la fecha de mi firma.
- La fecha en que entregue mi revocación por escrito de esta Autorización

FIRMAS:

Firma del Joven: _____ Fecha: _____

Firma del Padre/Guardian (si el joven es menor 18): _____ Fecha: _____

FORMULARIO DE PERMISO DE VIAJE FUERA DEL SITIO

Valido de: **1 de Octubre, 2019 al 10 de Mayo, 2020**

Al participar en SF YouthWorks, su hijo/dependiente acepta asistir a una pasantía en el Departamento de la Ciudad de San Francisco y participar en otros eventos en y cerca de la oficina SF YouthWorks en 2012 Pine Street.

Además de estas actividades regulares, los mentores en el lugar de trabajo y los miembros del personal de SF YouthWorks planean viajes periódicos fuera del sitio dentro de la ciudad de San Francisco. Estos viajes son una forma importante para que los pasantes vean diferentes sitios de trabajo y aprendan sobre opciones profesionales y educativas.

Mi hijo/dependiente, _____ tiene el permiso de viajar y de asistir a eventos fuera del sitio planificados y supervisados por mentores de SF YouthWorks o miembros del personal.

Nombre del niño/dependiente: _____

Nombre del Padre/Guardian: _____

Firma del Padre/Guardian: _____

Fecha: _____

Formulario de Contacto de Emergencia

Primer Nombre y Apellido _____

Número de teléfono de casa _____ Número Celular _____

Dirección _____ Fecha de nacimiento _____

Enumere cualquier inquietud o afección médica específica, incluya alergias y medicamentos:

¿Se puede llevar al participante al centro médico más cercano? Si No

Si no, especifique al centro médico:

Centro Medico: _____ Dirección: _____ Número de teléfono: _____

¿El participante tiene seguro de salud? Si No Nombre de seguro: _____

Número de póliza: _____ Médico primaria (si corresponde) _____

CONTACTOS DE EMERGENCIA:

Nombre: _____ Relación: _____

Número de teléfono: _____ Número Celular: _____ Idioma: _____

Nombre: _____ Relación: _____

Número de teléfono: _____ Número Celular: _____ Idioma: _____

EN CASO DE LESIÓN EN EL LUGAR DE TRABAJO, SE SEGUIRÁN LOS SIGUIENTES PROCEDIMIENTOS:

Si la lesión es una emergencia, el personal de SF YouthWorks y / o el mentor del lugar de trabajo llamarán al 911 o llevarán al participante a la sala de emergencias más cercana e informarán al personal médico que la lesión está relacionada con el trabajo.

Si la lesión no es una emergencia, el personal y / o mentor de SF YouthWorks llevará al participante a la Clínica de Salud Ocupacional Kaiser o al médico previamente designado (consulte la sección anterior). La atención de seguimiento será manejada por la clínica de Kaiser o el médico designado previamente.

Kaiser Occupational Health Clinic Locations:

Para situaciones antes de 5:00pm: 601 Van Ness Avenue · Mezzanine Level · (415) 674-7000

Para situaciones despues de 5:00pm: 350 St. Joseph's St. · (Cerca Divisadero/Geary)

*** En caso de que sea necesario, autorizo al personal de SF YouthWorks, el mentor en el lugar de trabajo y / o el personal médico a actuar de acuerdo con las instrucciones anteriores y, cuando los servicios necesarios no se abordan anteriormente, para ejercer su mejor criterio al proporcionar el servicio adecuado.

Firma del participante: _____ **Fecha:** _____

Firma del Padre / Tutor: _____

Nombre del Padre / Tutor: _____ **Fecha:** _____

Renuncia de Proveedor Médico Para Compensación de Trabajadores

Renuncia de Proveedor Médico Para Compensación de Trabajadores

Como empleado del Consejo de la Juventud de la Comunidad Japonesa (JCYC), se le proporciona un Seguro de Compensación de Trabajadores si se lastima mientras en su trabajo de SF Youthworks. En California, tiene derecho a pre-designar antes de cualquier lesión relacionada con el trabajo, un médico personal del que haya recibido servicios anteriormente y que esté dispuesto a firmar un acuerdo para brindar atención médica por lesiones relacionadas con el trabajo.

Este formulario documenta que NO DESEA designar previamente a un proveedor. Si desea designar previamente a un médico personal (debe adquirir su firma en un forma separado), comuníquese con su Coordinador para obtener la forma.

Firme a continuación para permitir que SF Youthworks siga sus procedimientos estándar:

Yo, el empleado abajo firmante, renuncio a mi derecho de pre-designar un médico personal y entiendo que me referirán a un médico que es parte de la Red de Proveedores Médicos del Fondo del Estado de California.

Nombre del participante (impreso)

Nombre del participante

Fecha

Firma del Padre / Tutor

Fecha

Consentimiento y Dirección Para El Tratamiento de Menores

Si se lastima en el trabajo y necesita atención médica profesional, puede ser llevado al Centro de Salud Ocupacional de Kaiser Permanente o a la Sala de Emergencia de Kaiser.

El formulario de *Consentimiento y Dirección Para el Tratamiento de Menores* (en el reverso) permite que Kaiser Permanente trate al participante de SF Youthworks sin la presencia de un padre / tutor. Firmar el formulario significa que da su consentimiento para que su hijo reciba tratamiento en caso de que un padre / tutor no esté presente.

INSTRUCCIONES- Para completar el formulario complete lo siguiente:

- Escriba el nombre de su hija(o) en el título de la línea RE:
- Ingrese fecha de nacimiento
- Si su hija(o) es miembro de Kaiser, escriba su número de registro médico. Si no son miembros de Kaiser, deje esa línea en blanco
- Firmar, especificar relación y fecha

Si tiene alguna pregunta sobre el formulario, llame a la oficina central de SF YOUTHWORKS al 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.



INTERN SIGNATURES AND AGREEMENTS

SEXUAL HARASSMENT SIGNATURE FORM

SF YouthWorks does not tolerate sexual harassment as it is against the law. I understand that harassment can occur in many different forms including, but not limited to unwelcome behavior, unwanted sexual advances, offensive comments or anything that contributes to an uncomfortable working environment. More information can be found in our Intern Handbook.

I understand that if anything occurs at my worksite that makes me feel uncomfortable, I should contact my Employment Coordinator at SF YouthWorks at (415) 202-7911 **immediately**.

Intern Name (please print) _____

Intern Signature _____ Date _____

UNEMPLOYMENT EXEMPTION AGREEMENT (IF NOT ELIGIBLE FOR UNEMPLOYMENT)

As a participant in a youth job training program, San Francisco YouthWorks, I understand that under California State Law, I am ineligible to receive unemployment benefits as a result of any termination or separation from SF YouthWorks. In accordance with this, no unemployment expenses will be deducted from my SF YouthWorks income. Any attempt to collect unemployment benefits from SF YouthWorks will be in direct violation of this agreement.

Intern Name (please print) _____

Intern Signature _____ Date _____

EXCEPTION TO CONFIDENTIALITY STATEMENT (IF UNDER 18)

I understand my family and my right to privacy will be protected. I am aware that if the SF YouthWorks staff believes that I might cause harm to another person or immediately endanger myself, then the staff may need to inform others to protect my safety or the safety of others.

Intern Name (please print) _____

Intern Signature _____ Date _____

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 on 9/27/19.**
- 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 7-13
 - Consent & Commitment Form
 - Authorization for Release Information Form
 - Office Travel Permission Form
 - Emergency Information Form
 - Workers Compensation
 - Kaiser Forms
 - Intern Agreements

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:

SUBMIT YOUR COMPLETED APPLICATION:

Submit by Mail or in Person to:
San Francisco YouthWorks, 2012 Pine Street
(@Laguna) 2nd Floor, San Francisco, CA 94115

CONTACT US WITH QUESTIONS:

TEL: (415) 202-7911

EMAIL: sfyouthworksinfo@jycy.org

WEB:

www.sfyouthworks.org

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.