



Worcester Community Action Council, Inc.
2019 YouthWorks Professional Development & Jobs Program
INTAKE FORM

Applicant Information

Last Name: _____ First Name: _____ MI: _____
Cell Phone: _____ Home Phone: _____ E-mail: _____
Address: _____ City, State: _____ Zip: _____
Date of Birth: _____ Age: _____ Gender: _____ U.S. Citizen? Yes No
Do you speak a second language? Yes No
 If yes, what language? _____
Do you need translation/interpretation services? Yes No
Have you participated in YouthWorks before? Yes No
 If yes, when: _____ *and where (worksite):* _____

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown/Not Disclosed

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other
- Unknown/Not Disclosed

Program Eligibility

Income verification (In School Applicants):

This applicant meets current maximum income eligibility guidelines.

_____ Date: _____ School: _____

Authorized School Representative Signature

Income Verification (Out of School Applicants) Please *circle* if you or your family receives any of the following:

Wages (paycheck) Social Security Income DTA Benefits Food Stamps Other: _____

Number of people living in the household: _____

*Preference will be given to youths who meet **at least one** of the following:*

(Check all that apply to you)

- | | | |
|--|---|--|
| <input type="checkbox"/> Court-involved youth | <input type="checkbox"/> Department of Youth Services(DYS) Involved | <input type="checkbox"/> Homeless or being a run away |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Department of Children and Families (DCF) Involved | <input type="checkbox"/> Children Requiring Assistance(CRA formerly CHINS) |
| <input type="checkbox"/> Aged out of Foster Care | | |

*Secondary preference will be given to youths who meet **at least one** of the following:*

(Check all that apply to you)

- | | | |
|---|--|---|
| <input type="checkbox"/> Low academic performance | <input type="checkbox"/> School dropout | <input type="checkbox"/> Child of a single parent |
| <input type="checkbox"/> Teen Parent | <input type="checkbox"/> Lack of English fluency | <input type="checkbox"/> Having a disability |

Please continue onto opposite side



Job Interests

Please **check any three (3)** job categories you are interested in applying for:

- | | | |
|---|---|--|
| <input type="checkbox"/> Arts/ Media/Communications | <input type="checkbox"/> Business/Office/Clerical | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Government/ Public Service | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> IT/Computers | <input type="checkbox"/> Maintenance/Landscaping |
| | <input type="checkbox"/> Warehousing | <input type="checkbox"/> Youth Program Aide/Camp |
| | | <input type="checkbox"/> Education |
| <input type="checkbox"/> Retail/Customer Service | <input type="checkbox"/> Other: _____ | |

Education

Please provide as much information as possible.

Name High School attending/attended: _____ Last Grade: _____

Graduated from High School? Yes No Attending WPS Transition Program? Yes No

Name of HiSET® Program attended/attending: _____

Currently in College? Yes No Name of College Attended/attending: _____

Professional Development

Are you authorized to work in the United States? Yes No

Do you have a bank account? Yes No

Do you have a Driver's License/Permit/Mass ID? Yes No

Are you interested in participating in the Worcester Youth Leadership Institute? Yes No

Are you interested in being on WCAC's Youth Advisory Board? Yes No

Referred By

Please tell us who referred you to this program

First Name: _____ Last Name: _____

Relationship to Person _____

I hereby certify that the information on this form is complete and accurate. The completion of this form is for application purposes only and does not guarantee me a position in the WCAC YouthWorks Year-Round Jobs Program.

Applicant Signature: _____ **Date:** _____

Parent Signature (If under age 18): _____ **Date:** _____

Staff Verification: _____ **Date:** _____

Worcester Community Action Council, Inc. is an equal employment opportunity employer. It is the policy of WCAC to grant equal employment opportunity to all qualified persons without regard to race, color, sex, age, national origin, religion, physical or mental disability, sexual orientation, gender identification, genetic information, membership in the uniformed services or any other classification which is protected under state or federal law.

For Office Use Only

CSBG-Eligible: Monthly Income \$ _____ or Yearly Income \$ _____

Yes/No Family Size: _____ City: _____

_____ % FPL Proof Used: _____

Verified by: _____ Date: _____