



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

Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ U.S. Citizen?  Yes  No

Gender Pronouns: (Circle One) He/Him/His She/Her/Hers They/Them/Theirs Other

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 (worksites): \_\_\_\_\_

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 (DOCUMENTATION REQUIRED) 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: \_\_\_\_\_

(Examples: Weekly Wages, By-Weekly Wages, Benefit Statement Summary for SSI, DTA, SNAP or Other, 2019 Tax Forms)

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

(Check all that apply to you)

- Court-involved youth  Department of Youth Services(DYS) Involved  Homeless or being a run away
 Foster Care  Department of Children and Families (DCF) Involved  Children Requiring Assistance(CRA formerly CHINS)
 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)

- Low academic performance  School dropout  Child of a single parent
 Teen Parent  Lack of English fluency  Having a disability

Please continue onto opposite side



**Job Interests**

Please rank Top (3) occupations you are interested in applying for: (1: Most Interested, 3: Least Interested)

___ Arts/Media/Communications	___ Admin/Office/Clerical	___ Health Care
___ Food Service	___ IT/Computers	___ Maintenance/Landscaping
___ Warehousing/Manufacturing	___ Child Care	___ Youth Program Aide/Camp
		___ 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: \_\_\_\_\_

**Program Eligibility Cont.**

**SOCIAL SECURITY CARD REQUIRED**

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

Are you currently working?  Yes  No

Do you have a Driver’s License/Permit/Mass ID?  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

**For Office Use Only**

CSBG-Eligible:	Monthly Income \$ _____ or Yearly Income \$ _____
Yes/No	Family Size: _____ City: _____
_____ % FPL	Proof Used: _____

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

information, membership in the uniformed services or any other classification which is protected under state or federal law.

Please email completed form to Yetziann (Yetz) @ [yortiz@wcac.net](mailto:yortiz@wcac.net)  
OR you can drop off at our office (BLUE Box)

Address: Denholm's Building  
Job And Education Center  
484 Main Street, Suite 203  
Worcester, MA 01608

If you are mailing it in, please put ATTN: Yetz (YouthWorks Summer)