



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 (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 (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 paperwork@wcac.net

OR you can drop off at our office (BLUE Box)

Address: Denholm's Building

484 Main Street

Suite 203

Worcester, MA 01608