



## RIVER CITY YOUTHBUILD

### INSTRUCTIONS FOR ADMISSIONS APPLICATION

Please Read Carefully

Admission Philosophy: The River City YouthBuild/AmeriCorps program is interested only in students who are serious about achieving their future goals.

#### **Please Check ONE of the following:**

Career Training Interests: Pre-Apprenticeship Certificate Training (PACT) Construction \_\_\_\_\_  
Pre-Certified Nursing Assistant (CNA) \_\_\_\_\_

**Step #1:** Return a completed application for Admission with a copy of your **State issued pictured Identification Card**.

**Step #2:** Your initial interview will be scheduled by mail/phone indicating the time, date, and location. At the interview, you will present a copy of your **social security card**.

**Step #3:** Second Interview:

- A. If you are NOT selected for a second interview, you will be notified by mail/phone.
- B. If you ARE selected for a second interview, you will be notified by mail/phone about the time, date, and location to take the TESTS FOR ADULT BASIC EDUCATION (TABE). The TABE is not a pass, fail test, but it provides YouthBuild with the information about your basic skill level in Reading and Math. If you are a minor (age 16 or 17), you must have your parent's permission in order to take the TABE test. A form will be provided to you for your parents' authorization.
- C. Once the results of your TABE tests have been recorded, you will be notified by mail/phone concerning the time, date, and location of the second interview. At that time, you will bring with you a copy of your birth certificate.

**Step #4:** Decision after Second Interview:

- A. If you are NOT selected after the second interview to attend Mental Toughness Training, you will be notified by mail/phone.
- B. If you ARE selected to participate in the River City YouthBuild's Mental Toughness training, which requires 12 hours each week for two weeks, you will be notified by mail/phone of the time, date, location, and other requirements, including a signed Drug Testing Consent Form. C. Before the completion of Mental Toughness Training, you must submit:
  - a. A copy of your school academic records
  - b. Evidence of total household income (all persons listed by you), and,
  - c. Support services documentation (food stamps, social services, day care, vocational support, and any other support services).

**Step #5:** Beyond Mental Toughness Training:

- A. If you are NOT selected to continue beyond Mental Toughness Training, you will be notified by mail/phone.
- B. If you ARE selected to continue beyond Mental Toughness Training to become a member of River City YouthBuild/AmeriCorps, you will be notified by mail/phone of the time, date and location of the beginning date for your group

**APPLICATION FOR ADMISSION**

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

How did you learn about River City YouthBuild? (Check One)

Friends  Local Newspaper  Prior YouthBuild Student  Parole Officer  Flyer  Radio  
 Building Sign  COA  Public Schools  Social Services  Other (Explain):

\_\_\_\_\_

**ABOUT YOU**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Facebook URL: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

City & State of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Marital Status:  Single  Married  Divorced  Widow(er)  
 Other.

Are you a US Citizen:  Yes  No

Are you eligible to work in the United States:  Yes  No

Ethnicity:  African American  Caucasian  Asian  Hispanic  Native American  Other: \_\_\_\_\_

If you are a male 18 years of age or older, have you registered with the U.S. Selective Service System  Yes  No

(If No, you can register at [www.sss.gov](http://www.sss.gov), or we can help assist you at YouthBuild)

**EDUCATION**

Do you have a High School Diploma?  Yes  No

(If yes, please give the name of the school from which you graduated)

School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Do you have a GED?  Yes  No

(If yes, please give the name of the school from which you received your G.E.D)

School Name: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

What is the last academic year in which you attended school? \_\_\_\_\_

If you did not complete high school or receive a GED, please explain below:

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Have you ever attended an alternative school?  Yes  No

If yes, please provide the name of the school\* city, and state as well as the date(s) attended.

School Name: \_\_\_\_\_

City: \_\_\_\_\_

**CHILDREN INFORMATION. (IF APPLICABLE)**

Child's Name (Last, First)	Male or Female	Date of Birth (MM/DD/YYYY)	Does your child/children live with you?	Are they your dependent?

If female, are you currently pregnant?  Yes  No      If yest when is your due date? \_\_\_\_\_

Do you need assistance in finding daycare in order to participate in the River City YouthBuild"?  Yes  No

**EMERGENCY CONTACTS**

In the event of an emergency, who would you like for us to contact? (This may or may not be a family member):

Name	Relationship	Daytime Phone#	Evening Phone#

**LIVING ARRANGEMENT & HOUSEHOLD INCOME**

*Please read and respond to the next set of questions. Your response will be used to determine your income qualifications for the River City YouthBuild Program. You will be required to provide the necessary documentation to support your household income.*

In my household, I am (check all that apply):  Parent in 1 parent family  Parent in 2 parent family.

Child in 1 parent family  Child in 2 parent family  Other family member  Not a family member

I live with:  Family  Alone  Friends  Homeless  Other: \_\_\_\_\_

I live in a:  Group Home  Halfway Home  Home  Section 8 public housing  Shelter  Apartment  
 Correctional Facility

Please list all persons in your household:

Name	Gender	Relationship to you	Annual Income

Total annual household income, including yourself, for people living in your household: \$ \_\_\_\_\_

Do you or anyone in your household currently receive food stamps?  Yes  No

Do you or anyone in your household receive social security?  Yes  No

SSI Category:  Disabled  Aged  Blind Other

**SOCIAL AND MEDICAL HEALTH**

Are you a  Foster Child  Runaway  Does not apply to me

If you are part of the Social Services Systems, do we have permission to contact your social worker(s):  Yes  No

If yes, please list the contact information of your social worker(s):

Name	Agency	Telephone Number

Do you have health insurance?  Yes  No

Are you covered by Medicaid?  Yes  No

Please list the name of your primary care physician:

_____	_____	_____
Name	Agency	Telephone Number

Have you ever had a health examination?  Yes  NO

If yes, when was the date of your last Examination: \_\_\_\_\_

Do you have any physical problems that may interfere with you being able to lift (50lbs. or less), bend, run, and stand or squat?  Yes  No

Have you ever been referred to mental health:  Yes  No If yes, When? \_\_\_\_\_

Have you ever taken medication for your condition:  Yes  No If yes, list medication(s):

*Please Note: You will need a physician's letter to excuse you from any activity at River City YouthBuild due to health circumstances, including pregnancy.*

Do you have any of the following?  Asthma  Diabetes  High Blood Pressure

Any Disability (list type): \_\_\_\_\_ Other Conditions (list all):

Do you use any of the following?

Glasses/Contact Lenses  Alcohol  Tobacco/Tobacco Products  Marijuana  Illegal Drugs

Please list any and all prescription drugs you currently use:

( \*Please note, this will be verified by ID and Prescription Bottle)

Type of Rx Drug	Why	How do you take it

LEGAL ISSUES

Have you ever been mandated by a court of law to attend counseling for any reason? \_\_\_ Yes \_\_\_ No

Misdemeanor or Felony	Arrest Date	Nature of Crime	Court Date	Were you convicted of the crime (Yes or No)

Have you ever been arrested? \_\_\_ Yes \_\_\_ No If yes, please list type(s) of arrest: \_\_\_\_\_

Have you ever been in a juvenile detention facility? \_\_\_ Yes \_\_\_ No If yes, which one: \_\_\_\_\_

Have you ever been in an adult correctional facility? \_\_\_ Yes \_\_\_ No If yes, which one: \_\_\_\_\_

If you are or have been in Probation or Parole, list your current and former Probation or Parole Officer and Office Location: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Ext. \_\_\_\_\_ Location: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Ext. \_\_\_\_\_ Location: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Ext. \_\_\_\_\_ Location: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Are you currently employed?  Yes  No If employed, last month, day & year worked: \_\_\_\_\_

Are you receiving unemployment benefits:  Yes  No  Does not apply to me

Please list your employment history starting with your most recent first:

<p>Employer: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Supervisor Name: _____</p> <p>Phone Number: _____</p> <p>Your Job Title: _____</p> <p>Are you currently still employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Your Duties: _____</p> <p>_____</p> <p>_____</p> <p>Wages (per hour): \$ _____ Average hours worked per week _____ Eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employer: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Supervisor Name: _____</p> <p>Phone Number: _____</p> <p>Your Job Title: _____</p> <p>Are you currently still employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Your Duties: _____</p> <p>_____</p> <p>_____</p> <p>Wages (per hour): \$ _____ Average hours worked per week _____ Eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**LICENSE AND PRIVILAGES**

I currently have: \_\_\_ Active YMCA Card \_\_\_ Active Library Card \_\_\_ Voter's Registration Card

\_\_\_ A Learner's Permit to drive \_\_\_ Driver's License \_\_\_ CDL/Chauffeur's License \_\_\_ State Issues Picture ID

If you do not have a driver's license or are unable to obtain a learners permit to drive, please explain the reason below:

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**REFERENCES**

Name:
Address:
City, State, Zip:
Home Phone Number:
Cell Phone Number:
Email Address:
Name:
Address:
City, State, Zip:
Home Phone Number;
Cell Phone Number:
Email Address:





**RIVERCITY COMMUNITY DEVELOPMENT CORPORATION YOUTHBUILD**  
**Photo Release Consent**

I, hereby consent to the taking of photographs or filming by **River City Community Development Corp/YouthBuild or its designated representatives**, I also grant the right to edit, use and re-use said products for all educational, public service, marketing, or not-for-profit purpose selected by **River City Development Community Corp/YouthBuild** and release all rights, titles, tapes, and finished pictures, reproductive, copies or negatives of the same in connection with such ease.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian or Adult Participant's Signature

\_\_\_\_\_  
Date



**A DEPARTMENT OF LABOR PROGRAM**  
**GENERAL CONSENT TO OBTAIN INFORMATION**

I \_\_\_\_\_, am an applicant/participant in the River City YouthBuild

Program. I hereby authorize River City YouthBuild Staff to obtain and release information to assist in my success in the education, training, placement and follow-up portions of the program. Information may be obtained from and released to the resources including but not limited to those listed below:

- Parents, Grandparents, Guardians
- School, Training, Volunteer and Vocational Programs
- Social Service Organizations, Public Health, Physicians, Counselors, Mental Health Programs
- Employers
- Financial Institutions
- Law Enforcement Agencies

I hereby grant permission for information to be released to River City YouthBuild Staff and acknowledge that this release is truly voluntary.

\_\_\_\_\_  
Student's (Name) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (If student is under 18)

\_\_\_\_\_  
Witness



## Employee and Program Participant Acknowledgment Form

I, \_\_\_\_\_ have received a copy of the River City YouthBuild Drug-Free Workplace Policy Statement.

I have read and understand that the River City YouthBuild program provides a drug-free workplace. As a condition of employment or program participation, I will abide by the Drug-Free Workplace Policy Statement. Further, I will immediately, or within five (5) days, notify my supervisor or other responsible official of the River City YouthBuild if I am convicted of the drug statute violation occurring within the workplace. I also agree to random drug testing at the discretion of the River City YouthBuild staff.

\_\_\_\_\_  
Student's (Name) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature(If under 18)

\_\_\_\_\_  
Date



**Cell Phone Policy**

Cell Phones are not allowed in the classroom (9:00 am to 4:00 pm except breaks and lunch). They must be turned off and stored in a designated place. Failure to comply with this directive will result in the offending student being clocked out for the remainder of the day. Repeated and/or deliberate violation of this directive may result in suspension for one (1) or more days at the discretion of YouthBuild staff.

**Backpack Policy**

Backpacks are subject to search on demand by any staff member or teacher, Failure to submit to search of backpacks on demand may result in suspension for one (1) or more week at discretion of YouthBuild staff.

**Weapons Policy**

Weapons are NEVER allowed on any property that is used by YouthBuild. Possession of a weapon (gun, knife, etc.) on any YouthBuild property or at any YouthBuild activity or event may result in suspension (2-4) weeks or more at the discretion of YouthBuild staff. Outside officials will also be contacted related to possession of weapons.

\_\_\_\_\_  
Student's (Name) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (If under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

**CERTIFICATION**

I give River City permission to verify all information that I have provided, I agree that my information can be shared with the YouthBuild USA and the funders of this program. I also give River City YouthBuild permission to use photographs, records, and/or videotapes, when necessary, to identify my attendance and activities while engaged with River City YouthBuild.

My signature below certifies that I have answered all questions and statements honestly in this application. In addition, I do understand that I did not answer the questions and statements honestly, that I will forfeit, now and forever, my opportunity in the River City YouthBuild.

**RACE. COLOR. SEX. NATIONAL ORIGIN**

Executive order 1 1246 as Amended prohibits Job discrimination based on Race, Color, Religion, Sex and National Origin, and requires affirmative action to ensure equality of all opportunities in all aspects of employment.

\_\_\_\_\_  
Student's (Name) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (If under 18)

\_\_\_\_\_  
Date



RIVER CITY YOUTHBUILD

## SAFETY POLICY

Every member should understand the importance of safety in the workplace, River City YouthBuild emphasizes "safety first" and expects all members to take steps to promote safety in the workplace. As in any community, YouthBuild members are expected to observe and follow the Code of Conduct and rules of the community in order to maintain an orderly and safe environment.

In Construction:

- No cut out shoes should be worn in shop or job sites
- Safety boots and safety eyewear must be worn at all times when on a job site
- When someone is using a power tool, do not distract them • Never throw tools or other objects
- Only one person at a time in the safety zone of a power tool
- Use power tools only after instructions are understood
- Only instructors can authorize the use of power tools
- Never force a cutting edge towards any part of your or anyone's body
- Never force any part of your body towards a cutting edge
- Before using a power, check it for "Out-off-Clear Set"
- When finished with a power tool, make sure it is off
- Unplug power tools when unattached
- Carry cutting tools with the sharp edges down
- Use tools only for their designed purpose
- Always wear filter masks, hard hats, and additional protective gear when safety conditions require them
- Report defective tools to the instructor immediately
- Be safety conscious, learn to identify safety hazards
- Remove and all debris to prevent accidents
- When learning new procedures, remember the safety rules
- Remember, Safety First

I, \_\_\_\_\_ (print name), understand all the rules stated above and will follow them to the best of my ability.

\_\_\_\_\_  
Student's (Name) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (If under 18)

\_\_\_\_\_  
Date



**River City YouthBuild Participant Agreement**

\_\_\_\_\_ agrees to participate in the River City YouthBuild funded by a Grant from the United States Department of Labor.

\_\_\_\_\_ agrees to receive the following services: Construction Training, utilizing the HBI-PACT, (Home Builders Institute Pre-Apprenticeship Construction Training) in Plumbing, Carpentry and Landscaping. Certified Nursing Assistant (C.N.A.). Certified J.J. Keller Forklift Operator Training- Building Cleaning and Maintenance Training. High School Equivalency Certificate, High School Diploma through Penn Foster, receive stipends, incentives, job placement opportunities and will follow up with the job developer for a period of one year.

It is expected that you \_\_\_\_\_ will be enrolled in the education component for a minimum of six months but up to twelve months to complete the education and construction components. When you are excited from the education component you will be moved into phase of the YouthBuild program. the job developer will need proof of employment. or school records if enrolled in college or you will let the job developer know if you have enrolled in the military - checking in with us the 2nd and 4th quarter during your follow-up period of performance.

\_\_\_\_\_  
Student's (Name) Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (If under 18) \_\_\_\_\_  
Date

