



## Youth Programs Application YouthBuild WIA

Instructions: Complete this application with staff assistance, if necessary. This program is for people age 18 -21 who have been juvenile court involved within the past 12 months. If you have any questions please call us at 862-1104. **It is important that you complete this information accurately. Its accuracy contributes to your being selected to participate in this program. Supporting documents are required prior to acceptance.**

Date of Application: \_\_\_\_\_

How did you learn about Pathways' Programs?

- |                                  |   |  |  |
|----------------------------------|---|--|--|
| <input type="checkbox"/> Friends | <input type="checkbox"/> TV/Radio       | <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Neighborhood Flyers |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Parole Officer | <input type="checkbox"/> Neighbors       | <input type="checkbox"/> Other: _____        |

### About You

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Gender
<input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Multi-Racial		_____	_____
		Date of Birth	Social Security Number
		_____	_____
		City & State of Birth	Country of Birth
		_____	_____

I am a US Citizen.    I am eligible to work in the United States.    Marital Status:  
 Yes    No             Yes    No                       Single     Married     Divorced

I am registered with the US Selective Service System.     Yes    No    Does not apply to me.

### Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Household

Please read the next set of instructions carefully. Your answer is used in determining income qualifications for this program.

The next question includes **everyone in your household**, except non-relatives unless they are your guardian.

Total annual household income: \_\_\_\_\_  
(You will be required to provide documentation to support this amount.)

I live in:

- a group home       apartment  
 a halfway house     correction facility  
 house                 section 8 or public housing  
 homeless

Number living in your household: \_\_\_\_\_

- Does your household currently receive food stamps?                     Yes             No  
 Has your household received food stamps in the past 6 months?         Yes             No  
 Do you or anyone in your household receive **General Assistance**?         Yes             No  
 Do you or anyone in your household receive **Refugee Assistance**?         Yes             No  
 Do you or anyone in your household receive **TANF**?                         Yes             No  
 Do you or anyone in your household receive **SSI**?                             Yes             No

SSI Category:  
 Disabled     Aged             Blind

Are you a  foster child or  runaway?

Do we have permission to contact your social worker(s)?     Yes  No

Name	Agency	Phone Number	Ext.

## Health

Do you have health insurance?     Yes     No                    Are you covered by Medicaid?             Yes     No

The “**Build**” in **Youthbuild** refers to construction training. Are you willing and able to do physical construction work and classroom work?     Yes     No

**You will need a physician’s letter to excuse you from any activity due to health circumstances, including pregnancy.**

Do you have any physical problems or disabilities that can interfere with this type of work?             Yes     No

Please describe:

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I have:

- Asthma
- Diabetes
- Glasses/Contacts

I use:

- Alcohol
- Marijuana
- Tobacco
- Other Illegal Drugs

**This is a no smoking, drug free work place; we will help you quit.**

List the prescription drugs you take:

Drug	Why?	How often?

Have you ever had a physical examination?  Yes  No Date of last physical examination: \_\_\_\_\_

### Legal Issues

Have you ever been arrested?  Yes  No

Misdemeanor or Felony	Arrest Date	Nature of Crime	Pending Court Date

Have you ever been convicted?  Yes  No

Misdemeanor or Felony	Conviction Date	Nature of Crime	Parole or Probation?

If you have a current probation or parole officer, list below.

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Have you ever been in a juvenile detention facility?  Yes  No Which one? \_\_\_\_\_

Have you ever been in an adult correctional facility?  Yes  No Which one? \_\_\_\_\_

### Licenses and Privileges

I have:

- Active YMCA Card
- Active Library Card
- Voter's Registration Card
- Current Learner's Permit
- Current Driver's License
- Current CDL
- Current Chauffeur's License

## Employment History

Are you currently employed?  Yes  No If unemployed, last day worked. \_\_\_\_\_

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

## Other Training Programs

Have you ever been in another training program?  Yes  No Did you complete the program?  Yes  No

Program name: \_\_\_\_\_

Program Location: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

## Field Trip Permission Slip

**If you are under 18**, you will need your parent's or guardian's permission to participate in many field trips.

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_,

give my permission for my child to participate in Pathways' field trips during his/her enrollment in the program.

## Parental Consent

**If you are under 18**, your parent or guardian must verify the information in your application as indicated below.

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, have reviewed this

application, attest to its accuracy, and give permission for my child to participate in the programs of

Pathways.

I give Pathways permission to check everything on the application to see if it is correct and to give the information to YouthBuild USA, Department of Labor, and Virginia Workforce Network and to track my progress after I leave the program. I also give Pathways permission to photograph, record, and/or videotape me while I'm enrolled in the program and permission to use these photographs, records, and/or videotapes as they see fit. In signing this application, I am saying that I have answered all of the questions truthfully. I understand that if I did not tell the truth on this application, I may not be allowed to join the program or could be asked to leave the program.

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature (under 18 years old)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Application Reviewed by (staff)**

\_\_\_\_\_  
**Date**

**Please provide at least two individuals who will support you in this program.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Phone**

### **Necessary Documents**

Listed below are documents you must have to participate. We will make a copy of them for your application file. You must have all of your required documents before you will be considered for admission to this program. If you need help obtaining these documents, call or come by our office Mon. thru Thurs., 9 am –4 pm

#### **Required**

- Social Security Card
- Driver's License or State Issued Photo ID
- Birth Certificate
- School Records
- Evidence of Household Income  
(Current pay stub, or Head of Household statement – see office for form)
- DMV Compliance Summary

#### **Required if ....**

- You have children  Children's Birth Certs.
- Your family receives Food Stamps  Food Stamp Card
- You are registered with Selective Services  Selective Service Card
- You are old enough to vote  Voter's Reg. Card or  Completed Application
- You have health insurance  Card
- You have Medicaid  Card

- Completed Application** (Application completely filled out and all required and required if . . . documents are attached.