



Mayor's Youth Employment and Education Program 2017 SUMMER MYEEP APPLICATION

Eligibility

The program is available to youth who meet one (1) of the following **MANDATORY** eligibility requirements:

- Currently living in a San Francisco CalWORKs household, enrolled in High School or GED, between ages of 14-18 years old.
- Currently living in foster care OR group home, enrolled in High School or GED, between ages of 14-18 years old.
- Formerly in foster care, enrolled in college, between the ages of 18-24 years old.

Eligibility will be confirmed by Human Services Agency prior to participation.

Application Submissions

- Only complete applications (with all signatures and documents) will be accepted.
- Complete this packet application in BLUE or BLACK ink.
- The youth applicant must submit the application themselves in person (no fax, email, scan allowed!).
- You can type your application using the following link: https://JCYCworkforce.formstack.com/forms/swep_summer_2017

Application Documents

Please be prepared to submit the following original documents. The coordinator or staff person will be able to make a copy for you when you submit your application.

- **Proof of School Attendance:** (a school ID with the current year, a printout of your most recent class schedule that shows your name and semester, a letter from school)
- **Proof of Age:** (a valid CA ID Card, Driver's License, U.S. Passport, Permanent Resident Card, Birth Certificate, School Locator Card)
- **Social Security Card**

DUE DATE

All applications must be submitted in person by the **YOUTH** Themselves by **Friday, April 7th, 2017**

Each agency has a different application acceptance time. Please look over the next page for the date and time you can turn it in.

Turning in your application does not guarantee acceptance. Space is limited! There are only 160 internship opportunities available!

**TURN IN YOUR APPLICATION
TO THE MYEEP LOCATION CLOSEST TO WHERE YOU LIVE**

Bayview, Hunters Point

Young Community Developers, 1715 Yosemite Avenue, *Eileen Young*, 822-3491
Application Drop off time: Monday-Thursday from 3:00-5:00PM, Tuesdays from 3:00-7:30PM

Bernal Heights, Outer Mission

Bernal Heights Neighborhood Center, 515 Cortland Avenue, *Lori Tran*, 206-2140 x143
Application Drop off time: Monday-Friday from 3:30PM-6:00PM
No drop off on Friday 3/31, office closed for Cesar Chavez day.

Chinatown, North Beach

Community Youth Center, 1038 Post Street, *Benny Dao*, 775-2636 x226
Application Drop off time Monday, Tuesday, Thursday & Friday from 3:30PM-6:00PM No
drop off Wednesday. No drop off on Friday 3/31, office closed for Cesar Chavez day.

Mission, Potrero Hill

Horizons Unlimited, 440 Potrero Avenue, *Nikia Durgin*, 487-6708
Application Drop off time: Monday-Thursday, 3:00PM-6:30PM

Oceanview, Merced, Ingleside

OMI/Excelsior Beacon at Balboa High School, 1000 Cayuga Ave RM 28, *Tyree Johnson*, 860-7602
Application drop off time Monday - Friday from 4:00PM-6:00PM
During Spring Break, March 27-31 drop off ONLY accepted at 5000 Mission Street (Excelsior Works).
Applications accepted from 11am-4pm during Spring Break.

Richmond/ Sunset

Community Youth Center, 319 6th Avenue Suite 201, *Oriel Fong & Karen Ta*, 752-9675
Application drop off time Monday, Wednesday - Friday from 4:00PM-6:00PM
No drop off Tuesday. No drop off on Friday 3/31, office closed for Cesar Chavez day.

Tenderloin, SOMA, Union Square

Vietnamese Youth Development Center, 166 Eddy Street, *Maricar Bamba*, 671-6781
Application Drop off time Monday – Friday from 3:00-6:00PM

Visitacion Valley, Sunnydale

APA Family Support Services, 50 Raymond Avenue 2nd Floor, *Lesette Gray*, 724-1480
Application Drop off time are Monday-Thursday from 4:30PM-6:00PM

Western Addition, Haight Ashbury

Buchanan YMCA, 1530 Buchanan Street, *Matt Mendoza*, 292-3019
Application Drop off time is Monday-Thursday from 4:00PM-6:00PM

All SF neighborhoods – Youth with Disabilities

Jewish Vocational Service, 225 Bush Street 4th Floor West Wing Entrance, *Manny Siliezar*, 782-6214
Application drop off time Monday-Friday 3:30PM-5:00PM

Please choose one that applies to you:

Receiving CalWORKs Currently in Foster Care Formerly in Foster Care

Personal Identification Please print neatly using BLUE or BLACK ink

Legal First Name		Legal Middle Name		Legal Last Name	
Adopted English Name (optional)			Date of Birth (Month-Day-Year)		Age
Home Address _____ SF, CA 94 _____					
Permanent Resident # (if applicable)			HO# (only applicable if enrolled in SFUSD schools)		
_____ - _____ - _____			HO _____		
Home Phone #			Mobile Phone #		
(415) _____ - _____			_____ - _____ - _____		
Email Address: _____					

Demographics

Name of School		Current GPA	Grade You Will Be In Fall 2017	Anticipated Date of Graduation
				Month ___/Year _____
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary				
English Proficiency <input type="checkbox"/> Fluent <input type="checkbox"/> Somewhat Fluent <input type="checkbox"/> Not Fluent				
Where do you live? (Please check all that apply)				
<input type="checkbox"/> Family		<input type="checkbox"/> Single Parent		
<input type="checkbox"/> Group Home		<input type="checkbox"/> Foster Care		
<input type="checkbox"/> Self-support		<input type="checkbox"/> Homeless		
<input type="checkbox"/> Other: _____				
Financial Income Information (Check all that apply)				
<input type="checkbox"/> TANF		<input type="checkbox"/> Food Stamps		
<input type="checkbox"/> Medi-Cal		<input type="checkbox"/> SSI		
<input type="checkbox"/> CalWORKS		<input type="checkbox"/> GA		
<input type="checkbox"/> None				
Are you In Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How many people live in your household? _____				
Do You Have an Individualized Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for IEP _____
What is the combined total annual income of everyone in your household? <input type="checkbox"/> \$0-\$5,000				
<input type="checkbox"/> \$5,001-\$10,000		<input type="checkbox"/> \$10,001-\$15,000		<input type="checkbox"/> \$15,001-\$20,000
<input type="checkbox"/> \$20,001-\$25,000		<input type="checkbox"/> \$25,001-\$30,000		<input type="checkbox"/> \$30,001-\$35,000

<input type="checkbox"/> \$35,001-\$40,000	<input type="checkbox"/> \$40,001-\$45,000	<input type="checkbox"/> \$45,000+
Ethnicity		
<input type="checkbox"/> African American	<input type="checkbox"/> Asian - Chinese	
<input type="checkbox"/> Other Black	<input type="checkbox"/> Asian - Indian	
<input type="checkbox"/> Asian - Korean	<input type="checkbox"/> Asian - Japanese	
<input type="checkbox"/> Asian - Filipino	<input type="checkbox"/> Asian - Laotian	
<input type="checkbox"/> Asian - Cambodian	<input type="checkbox"/> Asian - Vietnamese	
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Caucasian/European	
<input type="checkbox"/> Hispanic/Latino - Mexican	<input type="checkbox"/> Hispanic/Latino - South American	
<input type="checkbox"/> Hispanic/Latino - Central American	<input type="checkbox"/> Hispanic/Latino - Caribbean	
<input type="checkbox"/> Hispanic/Latino - Other	<input type="checkbox"/> Middle Eastern - Arab	
<input type="checkbox"/> Middle Eastern - Iranian	<input type="checkbox"/> Middle Eastern - Other	
<input type="checkbox"/> Pacific Islander - Guamanian	<input type="checkbox"/> Pacific Islander - Tongan	
<input type="checkbox"/> Pacific Islander - Hawaiian	<input type="checkbox"/> Pacific Islander - Samoan	
<input type="checkbox"/> Pacific Islander - Other	<input type="checkbox"/> Native American	
<input type="checkbox"/> Multiracial/Multiethnic	<input type="checkbox"/> Decline To State	
<input type="checkbox"/> Other _____		
Home Language		
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese
<input type="checkbox"/> Toisahanese	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Korean
<input type="checkbox"/> Samoan	<input type="checkbox"/> Russian	<input type="checkbox"/> Khmer/Cambodian
<input type="checkbox"/> Arabic	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other _____		
Juvenile Justice		
<input type="checkbox"/> I have a Probation Officer Name _____ Phone _____		
Case Management		
<input type="checkbox"/> I have a Case Manager Name _____ Phone _____		

Accommodation Request

Our application process provides access to all and is open to people of all abilities. Will you need reasonable accommodations or extra help to participate in the program?

- Yes
 No

Extra Information

Are there any neighborhoods or areas you do not feel comfortable or safe in?

Are there any restrictions on who you can work with? Are there any individuals you've been court ordered to keep a distance from?

Workers Compensation Medical Provider Network Waiver

As an employee of the Japanese Community Youth Council (JCYC), Workers Compensation Insurance is provided to you if you are injured while working at your MYEEP job. In California, you have the right to pre-designate in advance of any work-related injury, a personal physician who you have received services from before and who is willing to sign an agreement to provide medical care for work-related injuries.

This form documents that you DO NOT want to pre-designate a provider. If you would like to pre-designate a personal physician (must acquire their signature on a separate form), please contact your Coordinator for the form.

CHECK THE BOX BELOW to allow SWEP to follow its standard procedures:

<input type="checkbox"/>	I, the undersigned employee, waive my right to pre-designate a personal physician and understand that I will be referred to a physician that is part of the California State Fund Medical Provider Network.
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Participant Name (Printed)

Parent/Guardian Signature

Date

Participant Signature

Date

Dear Parent/Guardian,

As an employee of the Japanese Community Youth Council (JCYC), Workers Compensation Insurance is provided to your child if she or he is injured while working at their SWEP job. If your child is injured and requires professional medical attention, they may be taken to either the Kaiser Permanente Occupational Health Center or Kaiser Emergency Room.

The *Consent To And Direction For Treatment Of Minor* form (on the following page) allows your child to be treated by Kaiser Permanente without a Parent/Guardian present. Signing the form means you consent to your child receiving treatment in the case that a Parent/Guardian is not present.

If you have any questions about the form, please call SWEP Central Office at 415-202-7903



KAISER PERMANENTE®

Kaiser Foundation Hospitals
The Permanente Medical Group, Inc.

CONSENT TO AND DIRECTION FOR TREATMENT OF MINOR

TO: The Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the doctors, nurses, and members of the medical staffs thereof.

RE: _____, a minor.

Date of Birth _____ Medical Record No. _____

I, (We), being the parent(s) or guardian(s), entitled to the care, custody and control of the aforesaid minor, do hereby authorize, request and direct you and each of you to render such treatment to said minor as in your judgment is advisable.

It is contemplated that the above minor may from time to time appear at your hospitals, clinics, offices and facilities for examination or treatment, or both, unaccompanied by an adult, because of my (our) absence or unavailability.

I, (We), understand that the physicians, nurses or administrators may deem it advisable that a parent or guardian or other authorized adult be present with said minor for the purpose of assisting in the diagnosis or treatment. I, (We), agree to cooperate by being present with said minor at all times possible or when requested.

This consent will be in effect until it is terminated by written notice received by the Physicians of The Permanente Medical Group, Inc. at the Hospital or Medical Office location(s) where the original consent has been filed.

X _____
SIGNATURE

X _____
SPECIFY RELATIONSHIP

X _____
SIGNATURE

X _____
SPECIFY RELATIONSHIP

Kaiser Permanente
Occupational Health Center
601 Van Ness Avenue
Suite 2008
San Francisco, CA 94102

Dated: _____, 20 _____

NOTE: This form should be completed for each minor in the family and filed with the Chart Room Supervisor at the Kaiser Foundation Hospital or Permanente Clinic where you expect services to be rendered.

Parental Consent *This page contains THREE different and distinct permission requests.*

Authorization to Release School Student Records

I hereby authorize _____ (name of school) to release, upon request by any authorized (JCYC) representative academic records or attendance records of _____ (name of student) while s/he is a participant of in the program. I also authorize any JCYC representative to discuss with school staff the academic performance of my child.

Parent/Guardian Signature _____ **Date** _____

.....

JCYC Media Release

By signing below, I am authorizing JCYC and its affiliates to use any photos, video, and or images that may include my child as well as permission to interview and use quotes, any caption or names associated with the activity. I understand JCYC cannot offer financial compensation for use of these photos.

I hereby give my consent to all photographs, audio-recordings, program work, and/or video recordings taken of my minor child by staff or an authorized designee of the Japanese Community Youth Council (JCYC). I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property JCYC and may be used any other organizations authorized by JCYC solely for educational, instructional, or promotional purposes determined by JCYC in broadcast and electronic media formats now existing or in the future created.

I have read this agreement and fully understand the content hereof. I represent that I am the parent/guardian of the minor indicated and have signed this agreement freely and without any inducement or assurance of any nature.

Parent/Guardian Signature _____ **Date** _____

.....

Parental Permission to Participate in MYEEP

By signing below, you are acknowledging the following:

- I am aware of and consent to my child's participation in MYEEP
I consent to my child's participation in any evaluations of the program
- I give permission to MYEEP to contact me regarding my child's participation

Parent/Guardian Signature _____ **Date** _____

.....

Youth Commitment

By signing below, you are acknowledging the following:

- I am committing to attend all workshops and working all of my scheduled hours this summer.
- I am aware that I will be expected to exhibit professionalism, punctuality, and responsibility throughout the program.

Youth Signature _____ **Date** _____

.....

Authorization to Release and Receive Eligibility and Employment Information

We are asking for your permission to get information about your eligibility in programs with the Department of Human Services and to give information about your participation in the Mayors Youth Employment & Education Program (MYEEP) to the Department of Human Services.

- I. **Permission for DHS to Get Information on My Participation in MYEEP**

I, _____, hereby authorize the San Francisco Department of Human Services to contact JCYC for MYEEP to get information related to my participation in the MYEEP program. This information will be used to evaluate and fund the contracted services of MYEEP.

II. Permission for DHS to Give Student Eligibility Information to JCYC

I, _____, hereby authorize the San Francisco Department of Human Services to give JCYC eligibility information to confirm my ability to participate in the MYEEP program. This information will be used to help me get a job.

- CalWORKs and or Foster Care program participation

Parent signature: _____ **Date** _____

Parent name: _____ **Student Name:** _____

MYEEP

PARTICIPANT INFORMATION

**Emergency Contact
& Medical Authorization Form**
★ PLEASE BRING THIS FORM TO ALL OFF SITE FIELD

First Name _____ M _____ Last Name _____

Address _____ SF, CA 94 ___ - ___ - _____ Date of Birth ___ - ___ - _____

PARENT/ GUARDIAN CONTACT INFORMATION

Parent/Guardian _____ Parent/Guardian _____

Home Phone Number _____ Home Phone Number _____

Work Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Cell Phone Number _____

ALTERNATE EMERGENCY CONTACT

Full Name _____

Home Phone Number _____

Cell Phone Number _____

Relationship _____

**DOCTOR'S CONTACT
INFORMATION**

Name of Doctor _____

Phone Number _____

MEDICAL HISTORY

Please list any known allergies to any medications or food products:

Please list any known medical conditions that MYEEP should be aware of:

Please list any special medical treatment instructions and names of medications that are taken regularly:

Should it be necessary for my child to have medical treatment while participating in any MYEEP program activities, I hereby give MYEEP/JCYC staff permission to use their judgment in obtaining medical services for the child. I also give permission to the physician to exercise his/her judgment in providing appropriate medical service. While all reasonable precautions will be taken to insure the safety of my child in all MYEEP program activities, I understand that MYEEP and its staff cannot be held responsible for the accidents that might occur to my child in any of the activities at workshops, work or during field trips. I hereby hold JCYC or its staff harmless of any liability throughout the duration of the program.

Parent/Guardian Signature

Date

EMERGENCY FORM INSTRUCTIONS

For SWEP Central Staff, MYEEP Coordinators and Worksite Supervisors:

Please include a copy of this form inside the participant's file. A copy of this form needs to accompany the participant during all off-site activities.

If the participant is injured while on the job, unless instructed otherwise by this form, the following procedure is to be followed:

- Assess the situation, if 911 is required, call them.
- If the injury is minor (for example, a small cut), please refer to the participant's emergency form for any special instructions and treat as needed.
- If the injury requires additional medical attention, please refer to the participant's emergency form for special instructions. If there are no special instructions, take the young person to either:
 - Kaiser Occupational Health Clinic at 601 Van Ness Avenue, Opera Plaza, Mezzanine Level, Suite 2008 (closes at 5 PM)
 - Kaiser Emergency Room at 2425 Geary Blvd. (cross streets: Lyon and St. Joseph Avenue)
- The *Emergency Form* must accompany the intern to the hospital.
- Contact the Parent/Guardian on *Emergency Form*.
- Contact the SWEP Coordinator. If you are unable to reach the SWEP Coordinator, please contact SWEP Central Office at any of the following numbers:
 - (415) 202-7942
 - (415) 202-7903
 - (415) 202-7943
 - (415) 202-7905
 - (415) 202-7907
 - (415) 202-7909
- Please inform the Emergency Room that the injury was work related.
- Stay with the intern until a Parent/Guardian, MYEEP Coordinator or Central Office staff arrives to relieve you.
- You will be responsible for providing all requested information within 24 hours of the incident
- SWEP will be responsible for completing an Employee Claim within 5 working days of notification of the incident. Worker's Compensation will contact SWEP and the intern with their final determination and action.

Mayor's Youth Employment & Education Program (MYEEP)
INTERVIEW FORM
(TO BE REVIEWED BY SWEP STAFF & POTENTIAL SUPERVISOR/MENTOR)

How did you hear about the application? (example: received letter in mail, telephone call, website, etc.): _____

Name: _____ School: _____

What time do you get out of school? (List every day): _____

INTERN CONTACT INFORMATION:

Cell Phone: _____ Home Phone: _____ Professional Email: _____

1. What are some careers (or career fields) that interest you and why? _____

2. What are some goals you plan to accomplish during high school? _____

3. What are your long-term educational goals (your goals for education after high school)? _____

4. Have you ever had a job or done volunteer work before? Yes No
If yes, what was it? _____
5. What were some skills that you learned at that job or volunteer opportunity? _____

6. What are some skills that you hope to learn while participating in MYEEP? _____

7. In the future, how will you use the skills you learn? _____

8. Which of the following office equipment or tasks do you have experience with? (Please check all that apply)

Office Equipment	Office Tasks
<input type="checkbox"/> Copy Machine <input type="checkbox"/> Scanner <input type="checkbox"/> Fax Machine <input type="checkbox"/> Video Equipment <input type="checkbox"/> Multi-lined phone system <input type="checkbox"/> Computer (list programs): _____	<input type="checkbox"/> Customer Service (phone/in person) <input type="checkbox"/> Public Speaking <input type="checkbox"/> Research <input type="checkbox"/> Data Entry <input type="checkbox"/> Filing/organizing <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Child Care

9. What do you expect your MYEEP internship to be like? (What kind of work do you think will be assigned, what characteristics do you look for in a supervisor? etc) _____
10. Do you have any activities, vacations or anything else that will affect your schedule this year?
Yes No Details _____
11. Do you speak any languages besides English? Yes No Language(s): _____

For SWEP Office Use Only:

Placement Complete? Yes No Employment Coordinator: _____ Date: _____

Worksite: _____ Supervisor: _____

YOUR MONEY THIS SUMMER: Bank Accounts and Direct Deposit

If accepted to MYEEP this summer you will be working and earning a paycheck. MYEEP is part of a citywide effort to help summer job participants like you open bank accounts, save money using direct deposit, and learn money management skills.

We prefer to pay people by direct deposit. Why? Because with direct deposit, your paycheck is electronically transferred straight into your bank account. Direct deposit is faster, easier, and a great way to save! No travel needed to pick up a paycheck. No risk of losing your check or getting your money stolen. And unlike going to a check cashing or corner store, there are NO FEES. **Direct deposit is the best way to get paid – don't miss out!**

Even better, the **City of San Francisco has partnered with San Francisco Federal Credit Union to create youth bank accounts for summer jobs participants.** These accounts are in the participant's name, free to open, have no minimum balance or monthly fees, and no overdraft fees. Credit Union staff will be onsite during orientation to answer questions and help you sign up for a bank account.

These credit union accounts are the best bank accounts out there for youth like you. But if you or your parents prefer to use another bank account, that's ok! Just remember to sign up for direct deposit at the beginning of our program.

Direct deposit makes saving easy, and we'll help you set a savings goal and save automatically each pay period. **To encourage participants to save with direct deposit, we'll be offering savings rewards** – like gift cards when you sign up for direct deposit and set a savings goal, and parties for meeting your goal at the end of the program.

More information is available once accepted to MYEEP. Have questions? We're here for you. Just call [\[415-202-7903\]](tel:415-202-7903).

Your Checklist for Banking and Direct Deposit

1. **Have your parent or guardian sign the credit union consent form** in this application packet.
2. **Bring the signed consent form to your program orientation**
3. **Sign up for a credit union membership** at orientation
4. **Sign up for direct deposit and set a savings goal**
5. **Start saving and earning rewards!**



Parental Consent

Credit Union Membership and Data Sharing

For parents and guardians of youth under age 18 who are participating in San Francisco summer youth employment programs

This year we are working with the City of San Francisco and MyPath, a nonprofit dedicated to financial empowerment for working youth, to bring your child the MyPath Savings program. MyPath Savings helps youth learn about managing their money, and offers the opportunity to open a bank account and save money. **Research shows that young people with a savings account in their own name are 7 times more likely to go to college!**

As a partner in this program, San Francisco Federal Credit Union (San Francisco FCU) is providing youth an opportunity to open safe, affordable checking and savings accounts in their own name to help them learn to manage their own money. **We want to make sure you understand that your child may apply for a Credit Union membership, and that we have worked with the City to ensure that these accounts are safe, affordable, and fee-free.**

Also, because San Francisco FCU and MyPath want to ensure that this program provides participants with excellent service that supports long-term financial success, we are supporting an evaluation of MyPath Savings in San Francisco. The evaluation needs data from youth who open accounts and become San Francisco FCU members.

San Francisco FCU and MyPath care about protecting your child's data. San Francisco FCU will PROTECT the data set in which individual data is housed using reasonable, generally accepted industry standards. Only members of the evaluation team will be allowed access to the data for this study. Rest assured that we will ONLY share data about savings accounts, and will NEVER share individual data with any other agency or organization.

By providing permission to share your child's saving data, you will be helping to make this program better, which means you will help other youth who will use these same services in the future!

In order for your child to participate, please sign and return this form to the summer employment program.

By signing below, I hereby acknowledge and agree to the following:

1. I give permission for my child to apply for, and become a member of San Francisco FCU for the purposes of participating in the savings program detailed above.
2. I understand that in order for my child to participate in the program, s/he will have to provide personal data to San Francisco FCU, MyPath, and/or their

agents, and I consent to that collection of personal data for the purposes of participation in the program.

3. I give permission to San Francisco FCU to share my child's account data with MyPath for the purposes of evaluation as stated in this Parental Consent. I certify that I have the authority to sign this Consent as the parent or legal guardian of the person named below ("Participating Youth").
4. I acknowledge that any membership account opened by my child/ward under this program is theirs alone, and that I do not have the legal right or authority to utilize the account. I understand that any inappropriate use of the account may subject the user to civil and/or criminal penalties.
5. I understand that this consent will remain in effect until and unless it is revoked by me in writing.

Name of Participating Youth

Parent/Guardian Signature

Date

Name of Summer Employment Program/Organization
