



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

Eligibility

You must meet ALL of the requirements:

- 👍 14 to 17 years old on June 1, 2017
- 👍 Resident of San Francisco
- 👍 Will not graduate by May 2017
- 👍 Enrolled in school or GED Program
- 👍 Able to obtain a Work Permit

Application Submission

Rules

- Only complete applications (with all signatures and documents) will be accepted.
- Complete this packet application in BLUE or BLACK ink.
- The youth applicant must bring the application himself/herself in person (no fax, email, scan allowed!).

Application Documents

Please attach a copy of the following two documents. If you only have originals, 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 class schedule that shows your name and semester, a letter from school)
- **Proof of Age** (Unexpired CA ID Card, Driver's License, U.S. Passport, Permanent Resident Card, Birth Certificate, School Locator Card)

DUE DATE

All applications must be turned in person by the **YOUTH** himself/herself by **Friday, April 7, 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 but allows the coordinator to help with the completion of the application.

**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

MYEEP Program Overview

Program Goal

The goal of the program is to provide young people in San Francisco who have multiple barriers to employment with first-time work experiences that will support their ongoing participation and success in education and in the workforce.

Program Overview

MYEEP provides 10 hours of pre-employment training that equips youth with skills that will help them succeed in the workplace. After youth complete the pre-employment training, they will be placed at a worksite based on their skills, interest and availability. Youth may request worksites that they are interested in but we cannot guarantee placement at a particular worksite. As this is usually the first work experience a youth has, MYEEP strongly believes that there is a lot to learn at any of our worksites! Each program location has an employment coordinator that supports the entire employment period and is the contact person for any questions regarding timesheets, paychecks, worksite issues, transition to school year programs, and referrals to other service providers.

Selection Criteria

MYEEP reserves the right to ask applicants to submit documentation/proof for each selection criteria. Please be as honest and accurate as possible. No single criterion will determine whether or not you are accepted. Here are *some* of the things we consider when reviewing applications:

- Having significant and/or multiple barriers to employment as defined by the following: lack of previous paid work experience; having one or more disabilities; poor school performance; low English proficiency; teen parenthood; living in a household that receives public assistance, is low income, resides in public housing; involvement in the juvenile justice system; receiving services from a case manager; living in foster care or a group home; identify as LGBTQ; and/or homeless.
- Residence within the targeted service area of a MYEEP program location.
- Lack of involvement in other enrichment activities.
- Shows a high level of motivation in answering the motivation questions, returning phone calls, showing up to orientation, and eagerness to learn/work.

MYEEP does not operate on a first come, first serve basis. No single criterion will determine whether or not an applicant will be accepted into the program. MYEEP does not discriminate against any person protected under the American Disability Act (ADA). MYEEP will make all reasonable accommodations to the best of its ability to ensure that people with special needs have an equal opportunity to participate. Please contact the coordinator at the program location where you are applying if you have any questions or need to request accommodations.

Program Structure

Apr 28	All applicants notified of their acceptance*
May 1 – May 12	Orientation (2 hours) – participants must present original legal work documents
May 30 – June 9	10 hours of Pre-Employment Workshops (\$50 stipend)
June 12	Start Worksite Placement (SF Minimum Wage, 20 hours maximum each week)
July	Weekly Workshops in addition to regular Work Schedule
July 30	Last day of work

*Due to the volume of applications we receive, we are not able to notify all applicants that are NOT accepted. If you are not notified by April 28th, you have not been accepted into the program.

After Acceptance

After acceptance, you will be required to present ORIGINAL legal work documents during the Orientation. You will need to present the following:

- Original Social Security Card
- Photo ID (Current State ID, Current School ID, SF City ID Card, Permanent Resident Card)
- Proof of School (Current School ID, Official Class Schedule, School Locator Card, School Report Card)
- Proof of Age (Original Birth Certificate, Passport, Permanent Resident Card)

MYEEP can only accept original documents, not copies.

If you do not have any of these documents, please start the process of getting it as soon as possible!

Social Security Card – 1098 Valencia Street, 1(800) 772-1213, Cost: Free

Birth Certificate – 101 Grove Street Room 105, 554-2500, Cost: \$14

California ID – 1377 Fell Street, 555-1170, Cost: \$26

Application Checklist

Complete application includes the following items;

Program Eligibility	
	I will be 14 to 17 years old on June 1, 2017.
	I live in San Francisco.
	I will not have graduated by May 2017.
Application Components	
	I have completed the application in BLUE or BLACK ink.
	All of the signature lines are filled in (Parental Consent, Participant Commitment and Emergency Form)
	I have answered all three-motivation questions.
Additional Documents	
	I am attaching a copy of a document that shows Proof of School Attendance.
	I am attaching a copy of a document that shows Proof of Age.
Submission	
	I am submitting my application to the program location closest to where I live. (If you have a special circumstance, please contact your coordinator to see if they will make an exception)
	I am turning in the application in person myself on a time and date listed as an application drop off period.
	I have started to gather my work eligibility documents.

QUESTIONS? Contact MYEEP central office at 415-202-7903

Personal Identification

Please print neatly and use 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 ____			
Home Phone # (415) ____-____		Cell Phone # ____-____-____	
Permanent Resident # (if applicable) ____-____-____		Email Address	
How did you hear about MYEEP? Who referred you?			

Demographics

Have you been a MYEEP intern before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied to MYEEP before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a job before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School	Current GPA	Current Grade Level	High School Graduation Date Month ____/Year ____
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender
English Proficiency	<input type="checkbox"/> Fluent	<input type="checkbox"/> Somewhat Fluent	<input type="checkbox"/> Not Fluent
Check all that apply <input type="checkbox"/> Disabled <input type="checkbox"/> LGBTQ <input type="checkbox"/> I financially support my family <input type="checkbox"/> I am a parent			
Do You Have an Individualized Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Juvenile Justice <input type="checkbox"/> I have a Probation Officer Name _____ Phone _____			
Case Management <input type="checkbox"/> I have a Case Manager Name _____ Phone _____			
Where Do You Live (Please Check All That Apply)			
<input type="checkbox"/> Family	<input type="checkbox"/> Single Parent Household	<input type="checkbox"/> Foster Home	
<input type="checkbox"/> Group Home	<input type="checkbox"/> Homeless	<input type="checkbox"/> Self-Support	

Family Income Information Please have your parent/guardian assist you with this section

Check any of the following forms of government assistance/programs that anyone in your household receives:

- TANF
 Food Stamps
 Medi-Cal
 SSI
 GA
 Public Housing
 CalWORKs

How many people live in your household? _____

What is the combined total annual income of everyone in your household? *Please check one.*

- | | |
|--|--|
| <input type="checkbox"/> \$0-\$10,000 | <input type="checkbox"/> \$50,001 - \$60,000 |
| <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$60,001 - \$70,000 |
| <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$70,001 - \$80,000 |
| <input type="checkbox"/> \$30,001 - \$40,000 | <input type="checkbox"/> \$80,001 - \$90,000 |
| <input type="checkbox"/> \$40,001 - \$50,000 | <input type="checkbox"/> \$90,001 and above |

Ethnicity This will not affect your application status. Please check the ethnicity you identify with.

<input type="checkbox"/> African American	<input type="checkbox"/> Other Asian _____	<input type="checkbox"/> Middle Eastern - Other _____
<input type="checkbox"/> Other Black _____	<input type="checkbox"/> Caucasian/European	<input type="checkbox"/> Pacific Islander - Guamanian
<input type="checkbox"/> Asian - Chinese	<input type="checkbox"/> European Other _____	<input type="checkbox"/> Pacific Islander - Tongan
<input type="checkbox"/> Asian - Japanese	<input type="checkbox"/> Hispanic/Latino - Mexican	<input type="checkbox"/> Pacific Islander - Hawaiian
<input type="checkbox"/> Asian - Thai	<input type="checkbox"/> Hispanic/Latino - South American	<input type="checkbox"/> Pacific Islander - Samoan
<input type="checkbox"/> Asian - Filipino	<input type="checkbox"/> Hispanic/Latino - Central Am.	<input type="checkbox"/> Pacific Islander - Other _____
<input type="checkbox"/> Asian - Korean	<input type="checkbox"/> Hispanic/Latino - Caribbean	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian - Vietnamese	<input type="checkbox"/> Hispanic/Latino - Other _____	<input type="checkbox"/> Native Alaskan
<input type="checkbox"/> Asian - Indian	<input type="checkbox"/> Middle Eastern - Arab	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Asian - Laotian	<input type="checkbox"/> Middle Eastern - Iranian	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Decline to State

Home Language Please check the main language spoken in your household

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Tagalog	<input type="checkbox"/> Toishanese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Arabic
<input type="checkbox"/> Russian	<input type="checkbox"/> Khmer/Cambodian	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Other _____

Summer Schedule

Please write in any weekly commitments you will have this summer (including summer school, sports, music, lessons, counseling, classes, babysitting, religious commitments) and the time you are committed to attend.

For example, write "Summer School 8am – 12pm" or "Take care of my baby brother 3pm – 4pm"

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Summer Vacations

Please list the dates of any vacations you are planning to take this summer

Date You Leave	Date You Return

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?

Motivation Questions

In the space below, neatly write your answers to these three questions.

1. Why do you want to be in MYEEP?
2. What skills are you hoping to learn?
3. What skills do you feel you already have?

Parental Consent This page contains TWO different and distinct permission requests.

MYEEP Media Release

By signing below, I am authorizing MYEEP 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 MYEEP 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 Mayor's Youth Employment and Education Program (MYEEP), a program of the Japanese Community Youth Council (JCYC). I understand that any such photographs, audio recordings, program work, interviews, and/or video recordings become the property of MYEEP and may be used by MYEEP, JCYC, or any other organizations authorized by MYEEP solely for educational, instructional, or promotional purposes determined by MYEEP 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 the Mayor's Youth Employment and Education Program (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** _____



Mayor's Youth Employment and Education Program Emergency Contact & Medical Authorization Form

★ Please bring this form to all off site field trips and events

PARTICIPANT INFORMATION

First Name _____ M _____ Last Name _____

Address _____ San Francisco, CA 94 _____ Date of Birth ____ - ____ - ____

PARENT/ GUARDIAN CONTACT INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____

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, MYEEP or its staff harmless of any liability throughout the duration of the program.

Parent/Guardian Signature

Date

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 MYEEP to follow its standard procedures:

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.

Participant Name (Printed)

Participant Signature

Date

Parent/Guardian Signature

Date

Consent to and Direction for Treatment of Minor

If you are injured on the job and require professional medical attention you may be taken to either Kaiser Permanente Occupational Health Center or the Kaiser Emergency Room.

The *Consent To And Direction For Treatment of Minor* form (on next page) allows the MYEEP participant to be treated by Kaiser Permanente with out 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.

INSTRUCTIONS: To complete the form, fill out the following:

- Write your child's name in the line title RE:
- Enter date of birth
- If your child is a Kaiser member write in their medical record number. If they are *not* a Kaiser member leave that line blank
- Sign, specify relationship and date

If you have any questions about the form please call MYEEP 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

Dated: _____, 20 _____

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

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.



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.

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

MYEEP

Name of Summer Employment Program/Organization