Thank you for your interest in participating in the YouthBuild Savannah Program! Below is some information that will help you learn more about the program and the application process.

Program Overview

The YouthBuild Savannah Program is a comprehensive employment training program which promotes affordable housing. Eligible young men and women, ages 16 – 24 years old will spend nine (9) months participating in activities such as: GED Instruction, Construction Training, Leadership Training, Community Involvement and Counseling Services.

Participants will use their construction trade skills to improve their community by building affordable housing for low-income families. Each trainee will receive above minimum wage for their work on the construction site with the possibility of wage increases and bonuses, based on work performance.

Upon completion of the program, graduates will receive assistance with job placement and/or identifying advanced training/educational opportunities.

Application Process

There are three (3) steps to the YouthBuild Savannah Program application process, all of which **MUST** be completed to be considered:

Step 1 – Detach and complete the attached YouthBuild Savannah Program application and return to:

YouthBuild Savannah Program
Office Location:
Abercorn Center Office Building
6555 Abercorn Street Suite #224
Savannah, GA 31405
(912) 651-2166

All applications must be returned by 5:00pm on ThursdayJUNE 8TH, 2017!!!!!!!
****Please keep the attached YouthBuild Savannah Checklist and obtain all stated items by orientation.***

Step 2 – Complete an educational assessment. Upon the completion and return of your application, you will be given a TABE assessment to help the staff determine how best to assist you in attaining your GED. It will take approximately 90 minutes to complete, so please make appropriate arrangements. This is a **VERY** important part of the application process, so **DO YOUR BEST**!

Step 3-- Complete the YouthBuild Savannah Program Interview process. Your completed application will be reviewed by the YouthBuild Savannah staff. If you are potentially eligible to participate in the program, you will be scheduled for a brief interview conducted by the YouthBuild Savannah staff. This interview will help us learn more about you.

Orientation Selection Process

YouthBuild Savannah staff will review and consider ONLY those applications submitted by the application deadline. Staff will ONLY invite to Orientation/"Mental Toughness" those applicants who are eligible, complete the application thoroughly and will potentially benefit from this intensive nine (9) month program. Because slots are limited, a *YouthBuild Savannah Waiting List* will be maintained to select from as necessary.

Orientation/ "Mental Toughness"

Orientation/"Mental Toughness" is a very structured two to three (2-3) week observation period where potential trainees are introduced to the YouthBuild Program Model and the expectations prior to the start date. Orientation also provides an opportunity for the staff to observe how well potential trainees adhere to program policies and procedures; this includes the applicant's completion of the **YB Eligibility Checklist** (see attachment). At the completion of orientation, only **some** Orientation/"Mental Toughness" participants will be selected as 2017 YouthBuild Savannah Trainees. ***Participants will not be paid for orientation!*** ***GOOD LUCK!***

Eligibility Application

For YouthBuild Savannah Staff Only ☐ Verified

Date Received: **Staff Initials:**

TABE Date:

TABE Scores: R_____ M_____ GE _____

Interview: *(circle one)* **Y N** ***If Yes,* Date:**

MT/Orientation:*(circle one)* **Y N** ***If Yes*, Date:**

Contact Information

First Name: _____ **Middle:** _____ **Last Name:** _____

Residential Address
Note – the address entered here will become the eligibility address which is captured on the application

☐ Verified

Line 1: _____

Line 2: _____

City: _____ State: _____ County: _____

Zip Code: _____

Primary Phone Number:

_____Ext. _____

Primary Phone Type (Select 1)

☐ Cell/Mobile Phone
☐ Relatives Phone
☐ Work Phone
☐ Home
☐ Other_____

Alternate Phone Number: ***Required***

_____Ext. _____

Alternate Phone Type (Select 1)

☐ Cell/Mobile Phone
☐ Relatives Phone
☐ Work Phone
☐ Home
☐ Other_____

Email Address:

Mailing Address
Check here if Mailing Address is the same as Residential Address ☐

Line 1: _____

Line 2: _____

City: _____ State: _____ County: _____

Zip Code: _____

Demographic Data	☐ Verified
Social Security Number:	**Gender:** *(check one)* ☐ Male ☐ Female
Date of Birth:	**Age:**

If you are a <u>MALE</u> and <u>18 and older</u>, have you registered for the U.S. Selective Services?

☐ Yes ☐ Documented exemption from registration
☐ No ☐ Not Applicable

Selective Service Registration #: _____ Registration Date: _____

Race *(multiple selections are allowed)*:

☐ African- American
☐ American Indian/Alaska Native
☐ Asian-American
☐ Hawaiian/Other Pacific Islander
☐ White
☐ Other _____

Ethnicity: Hispanic / Latino

☐ Yes
☐ No

Check the category(ies) that applies to you:

☐ Individual with a disability *(documented)*
☐ School Dropout
☐ Migrant Youth
☐ Low- Income Family
☐ Youth in Foster Care
☐ Youth Offender
☐ Child of Incarcerated Parent
☐ Adult Offender
☐ Other _____

☐ Referred by _____

Which state-issued form of identification do you have:

☐ Identification Card
#_____ Expiration Date _____

☐ Driver's Permit
#_____ Expiration Date _____

☐ Driver's License
#_____ Expiration Date _____

☐ None of the Above

Authorized to work in U.S.

☐ Citizen of U.S. or U. S. Territory
☐ Alien/Refugee Lawfully Admitted to U.S.
☐ U.S. Permanent Resident
☐ No

Alien/Visa Registration #: _____

Alien/Visa Expiration Date: _____

Emergency Contact Information

Parent / Guardian

Name: _____ Relationship: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Cell/ Mobile # _____ Home # _____ Work # _____

Relative

Name: _____ Relationship: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Cell/ Mobile # _____ Home # _____ Work # _____

Relative / Non-relative

Name: _____ Relationship: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Cell/ Mobile # _____ Home # _____ Work # _____

Preferred Hospital for Treatment: _____
Known Allergies: _____

Education & Training Information	☐ Verified

Current School Status

☐ In-school, H.S. or less
☐ In-school, Alternative School
☐ In-school, Post H.S.
☐ Not attending school, H.S. Dropout
☐ Not attending school, H.S. Graduate

Do you have a High School Diploma?

☐ Yes ☐ No

Do you have a GED?

☐ Yes ☐ No

Have you taken and PASSED any parts of the GED exam?

☐ Yes ☐ No

If yes, please indicate the parts you have PASSED:

☐ Mathematics- score _____
☐ Reasoning through Language Arts- score _____
☐ Science- score _____
☐ Social Studies- score _____

Current Highest School Grade Completed
("completed" means you successfully attended the full school year and was promoted to the next grade)

☐ 1st Grade
☐ 2nd Grade
☐ 3rd Grade
☐ 4th Grade
☐ 5th Grade
☐ 6th Grade
☐ 7th Grade
☐ 8th Grade
☐ 9th Grade
☐ 10th Grade
☐ 11th Grade
☐ 12th Grade but did not graduate
☐ High School Equivalency Diploma

Please indicate the reason you did not complete school:

☐ Academic (e.g., low attendance, struggled with schoolwork, etc.)
☐ Personal (e.g., needed a job, cared for a family member, etc.)
☐ Both academic and personal
☐ Neither academic nor personal
Reason _____
☐ Incarceration
☐ Other _____

Last school attended

Name: _____ City: _____ State: _____

Last Year Attended: _____

Did you take technical, Industrial Arts or Shop classes in high school? ☐ Yes ☐ No
If yes, please list: _____

Do you plan or hope to attend vocational school or college? ☐ Yes ☐ No
If yes, please list program of interest: _____

Have you ever been enrolled in any other training programs (Job Corps, Youth Challenge)? ☐ Yes ☐ No
If yes, please complete the following information:
Program _____ Enrollment Dates: _____ Did you complete: ☐ Yes ☐ No
Program _____ Enrollment Dates: _____ Did you complete: ☐ Yes ☐ No
Program _____ Enrollment Dates: _____ Did you complete: ☐ Yes ☐ No

Have you ever attended Savannah Technical College? ☐ Yes ☐ No
If yes, when? _____ Name of Program: _____

***Or*, have you ever been advised not to return to any their campuses?** ☐ Yes ☐ No
If yes, when? _____

Do you have any previous construction experience? ☐ Yes ☐ No

Were you paid? ☐ Yes ☐ No
Please describe your experience: _____
_____

Barriers			
English language learner ☐ Yes ☐ No	**Health Issues** ☐ Significant health issues ☐ No significant health issues	**Pregnant** ☐ Yes ☐ No ☐ Unsure	**Requires additional assistance to complete an educational program** ☐ Yes ☐ No

Employment / Work History

Current Employment Status:

☐ Employed
☐ Employed, but received notice of termination of employment or military separation
☐ Not Employed
☐ Never been Employed

If currently employed: ☐ Full Time ☐ Part Time

Employer/ Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ Position/ Title: _____
Rate of Pay: $_____per hour/ week/ month *(circle one)* Hours worked: _____ per week
Supervisor's Name: _____ Contact Number: _____

Previous Employment ☐ Full Time ☐ Part Time

Employer/ Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position/ Title: _____
Rate of Pay: $_____per hour/ week/ month *(circle one)* Hours worked: _____ per week
Supervisor's Name: _____ Contact Number: _____
Reason for leaving: _____

Previous Employment ☐ Full Time ☐ Part Time

Employer/ Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position/ Title: _____
Rate of Pay: $_____per hour/ week/ month *(circle one)* Hours worked: _____ per week
Supervisor's Name: _____ Contact Number: _____
Reason for leaving: _____

Household & Income Information

☐ Verified

Household Size:
# of Adults _____
# of Children _____

Total # _____

Marital Status:

☐ Single ☐ Divorced
☐ Married ☐ Widowed
☐ Separated ☐ Domestic Partner

Household Yearly Income: *(please check one)*

☐ $0 - $15,000 ☐ $30,001 - $35,000
☐ $15,001 - $20,000 ☐ $35,001 - $40,000
☐ $20,001 - $25,000 ☐ $40,001 - $45,000
☐ $25,001 - $30,000 ☐ More than $45,000

Current Living Status *(check all that apply)*

☐ Living with family ☐ Living in public housing
☐ Living alone ☐ Living in a group home
☐ Living with friends ☐ Living in a transitional house
☐ Living in a homeless shelter ☐ Living with foster guardian
☐ Other _____

Is your current living status: ☐ Stable ☐ Unstable

Do you have children? ☐ Yes ☐ No
If yes, please complete the following information:

Name:_____ Age: _____
Name:_____ Age: _____
Name:_____ Age: _____
Name:_____ Age: _____

Do your child/ children live with you? ☐ Yes ☐ No

Public Assistance, ***Individual or member of a household that is receiving, or in the past 6 months has received, the following:*** *(check all that apply)*

☐ Medicaid *{If no, do you have private health insurance* ☐ Yes ☐ No*}*
☐ Social Security Disability Income (SSDI)
☐ State or Local Income based Public Assistance (General Assistance)
☐ Supplemental Nutrition Assistance Program (SNAP) / Food Stamps
☐ Supplemental Security Income (SSI)
☐ Temporary Assistance for Needy Families (TANF)
☐ Other Source of Income or Public Assistance _____

Criminal Justice Information

Have you ever been <u>convicted</u> of a crime in the juvenile *OR* adult court system? ☐ Yes ☐ No

If yes, please complete the following information:

Date: _____ Conviction: _____ Sentence:_____
Date: _____ Conviction: _____ Sentence:_____
Date: _____ Conviction: _____ Sentence:_____
Date: _____ Conviction: _____ Sentence:_____

Do you currently have <u>pending charges or have been charged</u> of a crime in the juvenile *OR* adult court system? ☐ Yes ☐ No

If yes, please complete the following information:

Date: _____ Charge: _____ Status:_____
Date: _____ Charge: _____ Status:_____
Date: _____ Charge: _____ Status:_____
Date: _____ Charge: _____ Status:_____

Are you currently on juvenile probation/ parole? ☐ Yes ☐ No

If yes, please complete the following information:

Probation/ Parole Officer Name: _____ Location: _____
Telephone Number *(officer)*: _____ Date of most recent contact: _____

Expected Discharge Date: _____

Are you currently on adult probation/ parole? ☐ Yes ☐ No

If yes, please complete the following information:

Probation/ Parole Officer Name: _____ Location: _____
Telephone Number *(officer)*: _____ Date of most recent contact: _____

Expected Discharge Date: _____

Additional Questions

How did you hear about this program? *(check all that apply)*

☐ Church
☐ City of Savannah's Website
☐ Community Center: _____
☐ Family Member/ Friends/ Neighbor
☐ Flyer
☐ Information Session presented by YouthBuild Savannah staff
☐ Probation/ Parole Officer
☐ Radio/ TV
☐ Social Media
☐ YouthBuild Savannah Graduate: _____
☐ Other:_____

Have any of your relatives participated in the YouthBuild Savannah Program? ☐ Yes ☐ No

If yes, please complete the following information:

Name: _____ Relationship:_____
Name: _____ Relationship:_____

FOR OFFICE USE ONLY

Eligibility

Applicant meets the definition for low income: ☐ Yes ☐ No	**Applicant is Basic Skills Deficient:** ☐ Yes ☐ No	**Participant Type:** ☐ School Dropout ☐ Youth Offender ☐ Migrant Youth ☐ Adult Offender ☐ Youth in Foster Care ☐ Child of Incarcerated Parent

Comments:

_____
_____
_____
_____
_____
_____
_____

Supplemental Questions
Are you currently enrolled or receiving Workforce Innovation and Opportunity Act Services (WIOA), through the Savannah Impact Program? ☐ Yes ☐ No **If yes, what services are you receiving? For example GED, Work Experience, Summer Job, etc.** _____ _____ _____
What have you been doing since you last attended school? _____ _____ _____ _____ _____
Why do you want to be a part of the YouthBuild Savannah Program? _____ _____ _____ _____ _____
What are your plans after receiving your GED? _____ _____ _____ _____ _____
What changes will you have to make in order to complete the YouthBuild Savannah Program? Are you ready to make those changes? How do you know? (Please explain thoroughly, use reverse side of this page, if needed.) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Release of Information Consent /Certification & Acknowledgment	
RELEASE INFORMATION FOR ELIGIBILITY **Initial Here →**	
I authorize the release of my information to YouthBuild Savannah staff as necessary to determine my eligibility for the YouthBuild Savannah Program. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS) and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.	
RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION **Initial Here →**	
I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to YouthBuild Savannah staff. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that YouthBuild Savannah staff must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.	
RELEASE INFORMATION FOR EMPLOYMENT **Initial Here →**	
I authorize the release of my current and past employment information to YouthBuild Savannah staff. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.	
CERTIFICATION & ACKNOWLEDGMENT **Initial Here →**	
I hereby affirm that the information provided on this application is true and completed to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for the YouthBuild Savannah Program and may be considered justification for dismissal if discovered at a later date. I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.	
Applicants are responsible for insuring that all required <u>eligibility</u> documentation is submitted by the due date. Missing documentation will delay the process of your application.	
Please read carefully, initial each release/acknowledgment, sign and date.	
Signature:	**Date:**

Release of Information Authorization Form

Participant Name: _____ DOB: _____
{Last, First, MI}

I, _____, hereby give my consent for the YouthBuild Savannah Program to receive information from collaborative partners; county, state, or federal agencies; employers; and/ or educational facilities that has any information on me that may assist YouthBuild Savannah in my vocational, educational, and / or general future stability and success. This shall include any verbal and written communication from your agency and/ or institution.

This release authorizes a free exchange of information between support systems in order to give the most complete and thorough services available. This information is confidential and will help to ensure and confirm my success in the services provided by YouthBuild Savannah. It **does not** authorize the release of information or records for any other person than the individual listed above. Unless otherwise stated, this release shall remain in effect for a period of **three years** from date of my signature.

My signature below authorizes the release of the following applicable types of information to the YouthBuild Savannah Program:

- Agency Information – personal status; public, county, state, or federal assistance/ benefits; dates of services
- Educational Information – transcripts; grade reports (current and cumulative grade point averages); financial aid information; testing dates and results; course schedules; curriculum requirements; admission status; attendance records
- Employment Information – verification of employment; dates of employment; job title; wages; hours worked; reason for separation; fringe benefits [with information used only for statistical follow-up purposes and not released as except as cumulative statistics]; sharing of resume [with the information limited to what could be legally requested within a job application]
- Criminal background history

Participant's Signature	**Date**
Guardian's Signature (If under 18 years old)	**Date**
YouthBuild Savannah Program Staff	**Date**

Release of Testing Information Authorization Form

Participant Name: _____ DOB: _____
{Last, First, MI}

I, _____, hereby give consent for the YouthBuild Savannah Program to release the results from my Test of Adult Basic Education (TABE), administered by the YouthBuild Savannah Program Staff, to any training agency that will be assisting in my training and/ or employment.

_____	_____
Participant's Signature	**Date**
_____	_____
Guardian's Signature (If under 18 years old)	**Date**
_____	_____
YouthBuild Savannah Program Staff	**Date**

Publicity / Media Release Form

Participant Name: _____ DOB: _____
{Last, First, MI}

I, _____, give the YouthBuild Savannah Program permission to use any photograph or video footage taken as a result of my participation in any YouthBuild Savannah activities for publicity, outreach and recruitment purposes. I understand that these items may be shared and viewed by other participants, community members, service providers, staff and grant funders: US Department of Labor, City of Savannah and Local Workforce Development Board members throughout the community.

_____	_____
Participant's Signature	**Date**
_____	_____
Guardian's Signature (If under 18 years old)	**Date**
_____	_____
YouthBuild Savannah Program Staff	**Date**

Parent/ Guardian & Youth Participant Permission Form

Participant Name: _____ DOB: _____
{Last, First, MI}

I, _____, grant permission to the YouthBuild Savannah Program and its partners to assist my child, _____, with furthering his/ her academic and vocational skills.

I understand my son or daughter may be required to take **basic written and oral exams, physical exams, or drug screens** as prerequisites to beginning a class or workforce training job placement.

I understand that as a participant in this program, my child may be involved in **various workshops** with topics including, but not limited to: **goal setting, leadership / motivation, workforce readiness, career planning, alternative schooling, social skills, peer pressure, substance abuse, and sexual health**.

I understand that some YouthBuild Savannah Program activities/ events may involve **late afternoon and/ or weekend participation** and I will be notified of the event in advance.

I understand that occasionally my child may require **assistance with transportation** to planned activities /events and I will be notified of the event in advance.

I understand the YouthBuild Savannah Program may request my **child's educational and employment history from previous training programs, academic institutions, and employers**.

I understand the YouthBuild Savannah Program will request a **copy of my child's criminal background history**.

I understand the YouthBuild Savannah Program may request important official documents {**originals or certified copies**} from me in order to properly serve my child. Those documents include, but are not limited to: **Income Verification (6 months prior to program enrollment); AND for Post- Secondary Education/College enrollment: a copy of my Valid Driver's License or Identification Card; a copy of my 2015 & 2016 Tax Returns for financial aid, such GA HOPE Grant and the federal PELL Grant.**

I understand I can contact the YouthBuild Savannah Program Staff at any time, both during and after enrollment with any questions concerning his/her progress or the program.

Participant's Signature	**Date**
Guardian's Signature	**Date**
YouthBuild Savannah Program Staff	**Date**

Medical Release Form

Participant Name: _____ DOB: _____
{Last, First, MI}

I, _____, as a YouthBuild Savannah applicant do hereby agree to be enrolled at a YouthBuild Savannah Activity. I may receive immediate medical attention in the event an accident or illness occurs during working hours. If an accident occurs on the worksite, I further understand that I will be taken for treatment to a physician designated by the Worker's Compensation Policy/ "Pink Panel" or to the Emergency Room of the nearest hospital. Medical attention by any other physician will invalidate a claim for Worker's Compensation Insurance.

Note: Some minor injuries may be treated by our partnering agency, *St. Mary's Health* located at 1302 Drayton Street at no charge, if eligible.

Participant's Signature	**Date**
Guardian's Signature	**Date**
YouthBuild Savannah Program Staff	**Date**

REMOVE THIS PAGE AND KEEP UNTIL ALL THE REQUIRED ALL DOCUMENTS ARE SUBMITTED!!!

YouthBuild Savannah Program Eligibility Checklist

Dear Prospective Trainee:

The information listed below is needed **ON** ***Friday, JUNE 16th, 2017*** **to determine eligibility for the YouthBuild Program:**

- ☐ **COPY OF APPLICANT'S VALID DRIVERS LICENSE *or* GA IDENTIFICATION CARD**
- ☐ **COPY OF PARENT'S OR GUARDIAN'S VALID DRIVERS LICENSE*or* GA IDENTIFICATION CARD (*if under 18 years of age)**
- ☐ **COPY OF APPLICANT'S SOCIAL SECURITY CARD**
- ☐ **WITHDRAWAL LETTER FROM LAST SCHOOL ATTENDED**
- ☐ **INCOME VERIFICATION** (Copies of the last six (6) months **check stubs** to include Parent(s), participants and ALL other household members **(**December 2016 thru May 2017), **OR Proof of Public Assistance OR Social Security/Disability Benefits**.
- ☐ **LIBRARY CARD (**Chatham County)
- ☐ **PROOF OF U.S. SELECTIVE SERVICES REGISTRATION**
- ☐ **RELEASE OF INFORMATION FOR TRAINEES** (If you are under the age of 18 years old, this document will require your Parent's or Guardian's Signature)
- ☐ **GA VOTER'S REGISTRATION CARD *or* STATEMENT OF EXCLUSION FOR TRAINEES** (18 yrs. and OLDER)

Throughout Mental Toughness and the program cycle participants will be asked to attend special events and professional dress attire will be required.

Note: When chosen to participate in the YouthBuild Savannah Program, each participant will be responsible for purchasing the items listed below:

Males Dress Attire

Males must have dark pants, white dress shirts, tie, and dark shoes.

Females Dress Attire

Females must have a pants suit, knee-length skirt or dress with flesh tone stockings and dark enclosed shoes.

Should you have any questions, please see or contact a member of staff at 912-692-1263.