

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 youth and community development 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 Friday, February 12th, 2016!!!!!!!!!!!!

****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 2013 YouthBuild Savannah Trainees. ***Participants will not be paid for orientation! GOOD LUCK!***



Date: _____

For YouthBuild Savannah Staff Only

Date Received: _____

Staff Initials: _____

Thank you for your interest in the YouthBuild Savannah Program! Please complete the following questions.

General Information

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Parent's/Guardian's Name: _____

Address

Relationship

Phone

Social Security #: _____ Date of Birth: _____

Age: _____ Gender: Male Female

If you are a Male and 18 and older, have you registered for U.S. Selective Services? Yes No

Race: African-American White-American
 Hispanic Asian-American
 Native-American Other _____

Check the category(ies) that applies to you:

- School Drop Out
- Foster Care
- Offender
- Individual with a Disability (Documented)
- Child of an Incarcerated Parent
- Migrant Youth
- Member of low-income family
- Aging Out of Foster Care (*Provider of Independent Living Program/ Wrap Around Services*): _____
- Referred to the program by: _____

1. Do you know how to drive? Yes No

2. Do you have a valid Driver's/Operator's License? Yes No

Education

3. Do you have a High School Diploma? Yes No
If no, please complete the following information:

4. Name of the last school attended:

Name	City/State
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Highest Grade completed: _____ Last year in School: _____

5. Have you passed all parts of the High School Graduation Test? Yes No

If no, please indicate the parts you need assistance in completing:

Math Science Social Studies Writing Language Arts

6. Do you have a GED? Yes No

If no, have you taken and passed any parts of the GED Examination? Yes No

If yes, please indicate the parts that you have PASSED:

Reasoning through Language Arts Science Social Studies Math

7. If you did not complete the 12th grade, please indicate why did you dropped out of school?

8. Did you take technical, Industrial Arts or Shop classes in high school? Yes No

If yes, please list: _____

9. Do you plan or hope to attend vocational school or college? Yes No

If yes, please list program of interest: _____

Household Information

10. Number of People in Household _____ # of Adults _____ # of Children _____

11. Current Living Status:	<u>Yes</u>	<u>No</u>
Living with family	<input type="checkbox"/>	<input type="checkbox"/>
Living alone	<input type="checkbox"/>	<input type="checkbox"/>
Living with friends	<input type="checkbox"/>	<input type="checkbox"/>
Living in a homeless shelter	<input type="checkbox"/>	<input type="checkbox"/>

Current Living Status (Cont'd)	<u>Yes</u>	<u>No</u>
Living in public housing	<input type="checkbox"/>	<input type="checkbox"/>
Living in a group home	<input type="checkbox"/>	<input type="checkbox"/>
Living in transitional house	<input type="checkbox"/>	<input type="checkbox"/>
Living in a work/release facility	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____		

12. Are you married? Yes No

13. Do you have children? Yes No

If yes, please list all children's names and ages:

Child's Name	Age

14. Do your children live with you? Yes No

15. Do YOU receive or is someone in your household receiving, any of the following:

	<u>Yes</u>	<u>No</u>
Food Stamps?	<input type="checkbox"/>	<input type="checkbox"/>
TANF?	<input type="checkbox"/>	<input type="checkbox"/>
Child Support?	<input type="checkbox"/>	<input type="checkbox"/>
Social Security/ SSI?	<input type="checkbox"/>	<input type="checkbox"/>
Other Source of Income or Public Assistance? _____		

16. Please check the amount closest to your HOUSEHOLD'S yearly income:

- | | |
|--|---|
| <input type="checkbox"/> \$0 - \$15,000 | <input type="checkbox"/> \$30,001-\$35,000 |
| <input type="checkbox"/> \$15,001-20,000 | <input type="checkbox"/> \$35,001-\$40,000 |
| <input type="checkbox"/> \$20,001-\$25,000 | <input type="checkbox"/> \$40,001-\$45,000 |
| <input type="checkbox"/> \$25,001-\$30,000 | <input type="checkbox"/> More than \$45,000 |

Training and Work History

Training

17. Have you ever been enrolled in any other training program (Job Corps, YouthChallenge)? Yes No

If yes, complete the following information:

Name/Location of Program	Dates	<u>Did You Complete the Program?</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Do you have any previous construction experience? Yes No

Were you paid? Yes No

Please describe your experience:

Work History/Experience

19. Have you ever had a job? Yes No

If so, please complete the following beginning with your most recent job:

Name/Address of Company: _____

Dates you Worked: _____ to _____ Full-time Part-time

Rate of Pay: \$_____ weekly/bi-weekly/monthly (Circle one)

Supervisor's Name: _____

Reason for Leaving: _____

Name/Address of Company: _____

Dates you Worked: _____ to _____ Full-time Part-time

Rate of Pay: \$_____ weekly/bi-weekly/monthly (Circle one)

Supervisor's Name: _____

Reason for Leaving: _____

Additional Information

20. Have you ever been convicted of a crime in the juvenile or adult court system?

Yes No

If yes, please list your conviction(s) below:

Dates	Conviction	Sentence

21. Do you currently have pending charges or have been charged of a crime in the juvenile or adult court system? Yes No

If yes, please list your charge(s) below:

Dates	Charge	Outcome/Status of Case

22. Are you on juvenile or adult probation/parole? Yes No

Expected discharge date: _____

23. Name and phone number of Probation/Parole Officer: _____

**Note: The YouthBuild Savannah Program does not discriminate against persons with criminal history.*

Supplemental Questions

Please answer the question listed below:

24. What have you been doing since you last attended school?

25. Why do you want to be a part of the YouthBuild Savannah program?

26. What are your plans after receiving your GED? _____

27. What changes do you think you will 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.)

28. How did you hear about this program?

- Friends/Neighbors
- Probation/Parole Officer
- Community Center
- City of Savannah's Website

- Graduate Name: _____
- Flyer
- TV/Radio
- Church
- Informational Session presented by YouthBuild Savannah Staff
- Other: _____

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

If yes, please provide his/her name: _____

Relationship: _____

30. Have you ever attended Savannah Technical College in the past? Yes No

If yes, when? _____ Name of the Program: _____

Or have been advised not to return to the campus? Yes No

Applicant's Signature

I, _____, attest that the above information is true. I understand that
Print Name
any false information listed on this application may result in my application being denied.

Signature

Date

YouthBuild Savannah Staff Only

Comments: _____

YOUTHBUILD SAVANNAH PROGRAM PARTICIPANT MEDICAL EMERGENCY CONTACT INFORMATION

The following information is to be completed and used by YouthBuild Savannah staff as a reference in the event of an emergency.

Participant Information:

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Telephone: _____ Cell: _____ Alternate Phone: _____

Preferred Hospital for Treatment: _____

Contact Person(s)—In case of an emergency, who should YB Staff contact?

Primary

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Telephone: _____ Cell: _____ Alternate Phone: _____

Secondary

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Telephone: _____ Cell: _____ Alternate Phone: _____



Release of Grades/ Transcripts

I, _____, authorize your institution to release any information or academic, testing, and attendance records requested by the YouthBuild Savannah Program Staff, which shall include any verbal and written communication from your institution.

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

Testing Release Form

I, _____, give the YouthBuild Savannah Program permission 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

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 or outreach purposes. I understand that these items may be shared with other participants, community members, service providers, and Local Area Workforce Board members and staff, and throughout the workforce community to ensure the future success of the YouthBuild Savannah Program and all participants involved.

Participant's Signature

Date

Guardian's Signature (If under 18 years old)

Date

YouthBuild Savannah Program Staff

Date



Release of Information Form

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 consent includes, but is not limited to, educational history {transcripts, testing dates and results}, employment history {verification of employment, income statements, wages, and fringe benefits, with information used only for statistical follow-up purposes and not released except as cumulative statistics}, criminal background history, and all information related to any public, county, state , or federal assistance/ benefits received. This also includes the sharing of a resume, with the information limited to what could be legally requested within a job application.

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

Participant's Signature

Date

Guardian's Signature (If under 18 years old)

Date

YouthBuild Savannah Program Staff

Date



Parent/Guardian and Youth Participant Permission Form

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: **a copy of my Valid Driver's License or Identification Card; a copy of my 2014 / 2015 Tax Returns for financial aid at Post-Secondary Education/College enrollment; and Income Verification (6 months prior to program enrollment).**

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 (If under 18 years old)

Date

YouthBuild Savannah Program Staff

Date

YouthBuild Savannah Program Eligibility Checklist

Dear Prospective Trainee:

The information listed below is needed **ON FEBRUARY 22nd, 2016** to determine eligibility for the YouthBuild Program:

- COPY OF PARTICIPANT'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 PARTICIPANT'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 other household members (July through December 2015), **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), if applicable.

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. Should you have any questions, please see or contact a member of staff.

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.

**REMOVE THIS SHEET TO OBTAIN THE NECESSARY
ITEMS AND DOCUMENTS LISTED ABOVE!!!**