



SF YouthWorks

SCHOOL YEAR 20-21 APPLICATION

Thank you for your interest in applying to San Francisco YouthWorks.
Please contact us at 415-202-7911 or sfyouthworksinfo@jcy.org with any questions
APPLICATION DEADLINE: Friday September 18, 2020 by 5pm

ELIGIBILITY REQUIREMENTS

In order to apply for SF YouthWorks, you must meet **ALL** of the following requirements.

Please check each item below to confirm your eligibility.

- I am enrolled in the 11th or 12th grade for the 2020-2021 school year.
- I live AND go to school in San Francisco.
- I am able to work at least 6 hours every week, Monday – Friday between 9am and 5pm.
- I can attend mandatory workshops. (Dates provided at a later time)
- I can commit to the entire school year session. (Oct 2020 – May 2021)
- I have a professional and active email address. SF YouthWorks will only send interview invites via email.
- I can present original work eligibility documents to meet SF YouthWorks' requirements IF accepted into the program. Required documents are:
 - Social Security Card (must be original and signed)
 - Picture ID (CA ID, School ID, Passport, etc.)
 - Proof of Age (if ID does not list birth date)
 - Valid Permanent Resident / Alien Card (if applicable)
 - High School Transcript
 - Please contact sfyouthworkinfo@jcy.org with subject line "Document Question" if you do not have one of these documents and/or have some questions about eligibility.

READ THIS IMPORTANT INFORMATION BEFORE APPLYING:

- **Due to COVID-19, the Fall 2020 semester will be completely online.** The instruction method (in-person or online) for the Spring 2021 semester is yet to be determined. Our priority is to keep our interns safe from the pandemic and follow recommendations from the Department of Public Health.
- Almost all SF YouthWorks internships are clerical (filing, data entry, customer service, etc.) and most office's work hours are from Monday to Friday between 9AM and 5PM.
- SF YouthWorks makes invitation to interview decisions based on availability to work, barriers to employment, past work/volunteer experience, and quality of short answers. Final placements will be based off of interview performance.
- In addition to the internship, participants will attend mandatory workshops and also have the option to participate in other workshops/trainings.
- If you have previously participated in SF YouthWorks, you must receive advance authorization from your Employment Coordinator to re-apply.
- **Youth may not participate in MYEEP, Opportunities For All, Project Pull or SF YouthWorks during the same session.**

TURNING IN YOUR YOUTHWORKS APPLICATION:

Submit your completed application by mail or in person to:

2012 Pine Street (@Laguna) 2nd Floor, San Francisco, CA 94115

SF YouthWorks cannot accept faxed or emailed applications

San Francisco YouthWorks
is a program of:

Japanese Community Youth Council and Department of Children, Youth and Their Families

INSTRUCTIONS: Please complete the entire application by typing or printing clearly in blue or black ink. Incomplete or partial answers to any questions will impact your chance of acceptance.

PERSONAL INFORMATION:

Legal First Name: _____ **Legal Last Name:** _____

Middle Name: _____ **Adopted Name:** _____

Date of Birth: ___ / ___ / ___ **Gender Identity:** Female Male
 Transgender Gender non-conforming

Street Address: _____

City, State & Zip Code: _____

*You must live in San Francisco to participate in SF YouthWorks— no exceptions!

Home Phone: () _____ - _____ **Cell Phone:** () _____ - _____

Email Address: _____

*SF YouthWorks will e-mail interview invitations. Please make sure your email address is accurate. Interview e-mails will be sent on 9/22/20.

SCHOOL INFORMATION:

Grade in 2020-2021: 11th 12th

Current school in 2020-2021: _____

Do you have an IEP (Individualized Educational Program)? Yes No Not Sure

English Fluency Level: (Please select from boxes below)

- Fluent (Native English speaker, speak very well, etc.)
- Somewhat Fluent (ELL student, speak English somewhat well, etc.)
- Not Fluent (Nonnative English speaker, do not speak English, etc.)

DEMOGRAPHIC INFORMATION:

Other Demographics (please check all that apply):

LGBTQ I provide financial support to my family I am a parent

I have a Probation Officer.

Probation Officer Name: _____ Phone Number: _____

I have a Case Manager.

Case Manager Name: _____ Phone Number: _____

Accommodation:

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? For example, modified tasks, specialized equipment, interpreter services. This information will help us find a placement for you. We will call you to discuss if needed.

Yes, Please Specify: _____ No

Race / Ethnicity: Check all the boxes corresponding to your race/ethnicity.

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino – Other (please specify below) |
| <input type="checkbox"/> Other Black (please specify below) | <input type="checkbox"/> Middle Eastern – Arab |
| <input type="checkbox"/> Asian – Chinese | <input type="checkbox"/> Middle Eastern – Iranian |
| <input type="checkbox"/> Asian – Filipino | <input type="checkbox"/> Middle Eastern – Other (please specify below) |
| <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian – Japanese | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Asian – Korean | <input type="checkbox"/> Pacific Islander – Guamanian |
| <input type="checkbox"/> Asian – Laotian | <input type="checkbox"/> Pacific Islander – Hawaiian |
| <input type="checkbox"/> Asian – Thai | <input type="checkbox"/> Pacific Islander – Samoan |
| <input type="checkbox"/> Asian – Vietnamese | <input type="checkbox"/> Pacific Islander – Tongan |
| <input type="checkbox"/> Asian – Other (please specify below) | <input type="checkbox"/> Pacific Islander – Other (please specify below) |
| <input type="checkbox"/> Hispanic/Latino – Caribbean | <input type="checkbox"/> White/European American |
| <input type="checkbox"/> Hispanic/Latino – Central American | <input type="checkbox"/> Other White (please specify below) |
| <input type="checkbox"/> Hispanic/Latino – Mexican/Mexican American | <input type="checkbox"/> Other (please specify below): |
| <input type="checkbox"/> Hispanic/Latino – South American | |

If you selected a box that included **other**, please specify: _____

Language: Check all the languages you can speak conversationally:

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin/Putonghua | <input type="checkbox"/> Toishanese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Pilipino/Tagalog | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ | | |

HOUSEHOLD INFORMATION:

Living Situation: (Please check all that apply)

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Two Parent Household | <input type="checkbox"/> Self-Support | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Single Parent Household | <input type="checkbox"/> Homeless | <input type="checkbox"/> Foster Home |

Housing Status: (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Permanent/Stable Housing | <input type="checkbox"/> Homeless – Motel/Hotel |
| <input type="checkbox"/> Homeless – Transitional/Supportive Housing | <input type="checkbox"/> Homeless – Staying with Friends/Family/Doubled-Up |
| <input type="checkbox"/> Homeless – Shelter/Emergency Housing | <input type="checkbox"/> Homeless - Unsheltered |

Household Information: Have your parent or guardian assist you with this section.

Do you live in Public Housing? Yes No

Does anyone in your household receive Public Assistance? Yes No

If anyone in your household receives public assistance, please check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Social Security Income (SSI) |
| <input type="checkbox"/> General Assistance (GA) | <input type="checkbox"/> TANF/CalWORKs | <input type="checkbox"/> Other: _____ |

Number of People Living in your Household: _____

Approximate Annual Household Income:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 – \$10,000 | <input type="checkbox"/> \$40,001 – \$50,000 | <input type="checkbox"/> \$80,001 – \$90,000 |
| <input type="checkbox"/> \$10,001 – \$20,000 | <input type="checkbox"/> \$50,001 – \$60,000 | <input type="checkbox"/> \$90,001 – \$100,000 |
| <input type="checkbox"/> \$20,001 – \$30,000 | <input type="checkbox"/> \$60,001 – \$70,000 | <input type="checkbox"/> \$100,001 and over |
| <input type="checkbox"/> \$30,001 – \$40,000 | <input type="checkbox"/> \$70,001 – \$80,000 | |

Have you participated in the SF YouthWorks program before? If yes, did you receive permission to reapply?

- Yes, _____ gave me permission
- Yes, no permission
- No, never participated

Referral: Who referred you to the San Francisco YouthWorks Program?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Mayor's Youth Employment & Education Program (MYEEP) | <input type="checkbox"/> My School |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Self |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other: _____ |

AVAILABILITY & SCHEDULING:

This section will help us determine whether you have the time in your schedule this school year to participate in SF YouthWorks. Please provide **honest and accurate** answers as we will expect you to keep the schedule that you provide here. **Please note that you must be available to work a MINIMUM of 6 hours weekly to be eligible for SF YouthWorks.**

WORK AVAILABILITY:

Given your time commitments and other responsibilities, determine the times you could **start** and **end** work during the 2020-2021 session.

Workday	What time is school over?	What time can you START work?	What time can you END work? (A majority of our worksites close at 5:00pm)	Total hours you can work each day.
<i>Example:</i> MONDAY	<i>12:30pm</i>	<i>1:30pm</i>	<i>5:00pm</i>	<i>1.5 hours</i>
MONDAY			5:00pm	
TUESDAY			5:00pm	
WEDNESDAY			5:00pm	
THURSDAY			5:00pm	
FRIDAY			5:00pm	
TOTAL HOURS YOU ARE AVAILBLE WEEKLY (add up hours from each day):				

WORKSHOP ATTENDANCE:

FALL: Announced during interviews.

SPRING: Announced during interviews.

EXTRA-CURRICULAR ACTIVITIES AND OTHER SCHEDULING CONSIDERATIONS:

Please list ALL of your extra-curricular activities (clubs, sports, classes, community service, night school) for the 2020-2021 school year and **list the time and dates when they may occur**. Please let us know about any other factors that may affect your ability to work:

COMMUTE CONSIDERATION:

For Spring 2021, if applicable, only: Interns placed at the San Francisco International Airport (SFO) will need to travel 15 miles outside city limits to their worksite in San Bruno, CA and will receive a travel reimbursement for time spent commuting. If your schedule permits, would you be interested in being placed at this worksite?

Yes No

SHORT ANSWER QUESTIONS:

**RESPOND TO ALL 4 OF THESE QUESTIONS ON A SEPARATE SHEET(S) OF PAPER.
BE SURE TO:**

- Answer all four questions thoroughly and thoughtfully. *RESPONSES ARE MANDATORY***
- Type (preferred) or neatly print your answers on a separate sheet(s) of paper.**
- Attach these answers to your application when you submit to SF YouthWorks.**
- Write a paragraph or two for each question, but do not exceed 2 pages total.**
- Label all pages with your full name and all answers with the number of the question.**

SHORT ANSWER QUESTIONS:

1. How have you kept up with your responsibilities during shelter in place?
2. Please describe how you would react to constructive criticism provided by your mentor and/or Employment Coordinator. How can constructive criticism help you grow?
3. Please note that we will be running a virtual program for Fall 2021. Some worksites have virtual work for interns to do. The instruction method for Spring 2021 is yet to be determined.
Name one city department where you would like to become an intern. Describe why this city department interests you. (Please visit <http://sfyouthworks.org/for-youth/become-an-intern> and select a city department that is associated with SF YouthWorks. Please note that participating departments vary from session to session and we cannot guarantee placements with any particular department.)
4. Please explain how you would handle the following scenario: You're approaching the end of your 1st semester and you are having a difficult time trying to handle finals, essays, internship, college applications and your personal life. How would you handle this situation?

Non-Discrimination Policy: SF YouthWorks does not discriminate based on race, color, age, sex, gender, sexual orientation, familial status, religious creed, national origin, ancestry, medical condition, marital status, disability, or any other characteristics. SF YouthWorks also forbids harassment of any employee based on the stated characteristics

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (your name), hereby authorize release of information between SF YouthWorks and relevant agencies/ individuals. I understand that information shared among agencies or individuals will be handled in the strictest of confidentiality. The purpose of this information is to enable SF YouthWorks to better serve participant youth employment and training needs.

The types of relevant agencies SF YouthWorks may request and/or share information with include:

- Worksite Mentor(s) / Employer(s)
- Parent(s) / Legal Guardian(s)
- High Schools and Colleges
- Non-Profit Organizations (i.e. ILSP, JVS, etc.)
- Human Services Agency
- Physician / Medical Staff
- Probation Officers / Case Managers

Please list any agencies or individuals you do not want to be contacted:

The types of information to be shared might include:

- Job Placement Information
- Employment Verification and Records
- Educational Records
- Training Information, including attendance, participation reports, and grades
- Follow-up information after transfer or termination of service provided by SFYW
- Relevant Criminal History

PARTICIPANT DETAILS:

Legal Name: _____

Street Address: _____

City, State, Zip: _____

PERIOD OF AUTHORIZATION: This Authorization to Release my Information expires on whichever date occurs first:

- Two years from the date of my signature
- The date on which I deliver my written revocation of this Authorization

SIGNATURES:

Youth Signature: _____ Date: _____

Parent/Guardian Signature (if youth under 18): _____ Date: _____

OFFSITE TRAVEL PERMISSION FORM

Valid from: **October 1, 2020 to May 15, 2021**

By participating in SF YouthWorks, your child/dependent is agreeing to attend an internship at a San Francisco City Department and to participate in other events at and near the SF YouthWorks office at 2012 Pine Street.

In addition to these regular activities, worksite mentors and SF YouthWorks staff members plan periodic off-site trips within the city of San Francisco. These trips are an important way for interns to see different job sites and learn about career and educational options.

My child/dependent, _____ has permission to travel to and attend off-site events planned and supervised by SF YouthWorks mentors or staff members.

Child/Dependent Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Emergency Information Form

Participant First & Last Name _____

Home Phone _____ Cell Phone _____

Address _____ Date of Birth _____

List any specific medical concerns or conditions, including allergies and medications:

Can participant be taken to the nearest medical facility? Yes No

If no, please specify the facility s/he should be taken to:

Facility: _____ Address: _____ Phone: _____

Does participant have healthcare insurance? Yes No Name of Carrier: _____

Policy Number: _____ Primary Care Physician (if any): _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Relationship to participant: _____

Phone 1: _____ Phone 2: _____ Preferred Language: _____

Emergency Contact Name: _____ Relationship to participant: _____

Phone 1: _____ Phone 2: _____ Preferred Language: _____

IN THE EVENT OF A WORKPLACE INJURY, THE FOLLOWING PROCEDURES WILL BE FOLLOWED:

If the injury is an emergency, SF YouthWorks staff and/or worksite mentor will call 911 or take the intern to the nearest emergency room, and inform medical personnel that the injury is work-related.

If the injury is not an emergency, SF YouthWorks staff and/or mentor will take the intern to either the Kaiser Occupational Health Clinic or to the pre-designated doctor (see section above). Follow up care will be handled by the Kaiser clinic or pre-designated doctor.

Kaiser Occupational Health Clinic Locations:

For Injuries Occurring Before 5:00pm: 601 Van Ness Avenue · Mezzanine Level · (415) 674-7000

For Injuries Occurring After 5:00pm: 350 St. Joseph's St. · (Near Divisadero/Geary)

***Should the need occur, I authorize SF YouthWorks staff, worksite mentor and/or medical personnel to act in accordance with the above instructions and, where services needed are not addressed above, to exercise their best judgment in providing appropriate service.

Youth Signature: _____ **Date:** _____

Parent/Guardian Signature (required if youth under 18): _____

Parent/Guardian Name: _____ **Date:** _____

Workers Compensation Medical Provider Network Waiver

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 SF YouthWorks 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.

Sign Below to allow SF YOUTHWORKS 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 back) allows the SF YouthWorks participant to be treated by Kaiser Permanente with out a Parent/Guardian being present. Signing the form means you consent to you 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 SF YOUTHWORKS central office at 415-202-7911



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.



INTERN SIGNATURES AND AGREEMENTS

SEXUAL HARASSMENT SIGNATURE FORM

SF YouthWorks does not tolerate sexual harassment as it is against the law. I understand that harassment can occur in many different forms including, but not limited to unwelcome behavior, unwanted sexual advances, offensive comments or anything that contributes to an uncomfortable working environment. More information can be found in our Intern Handbook.

I understand that if anything occurs at my worksite that makes me feel uncomfortable, I should contact my Employment Coordinator at SF YouthWorks at (415) 202-7911 **immediately**.

Intern Name (please print) _____

Intern Signature _____ Date _____

UNEMPLOYMENT EXEMPTION AGREEMENT (IF NOT ELIGIBLE FOR UNEMPLOYMENT)

As a participant in a youth job training program, San Francisco YouthWorks, I understand that under California State Law, I am ineligible to receive unemployment benefits as a result of any termination or separation from SF YouthWorks. In accordance with this, no unemployment expenses will be deducted from my SF YouthWorks income. Any attempt to collect unemployment benefits from SF YouthWorks will be in direct violation of this agreement.

Intern Name (please print) _____

Intern Signature _____ Date _____

EXCEPTION TO CONFIDENTIALITY STATEMENT (IF UNDER 18)

I understand my family and my right to privacy will be protected. I am aware that if the SF YouthWorks staff believes that I might cause harm to another person or immediately endanger myself, then the staff may need to inform others to protect my safety or the safety of others.

Intern Name (please print) _____

Intern Signature _____ Date _____

Please keep in mind your application is not complete until you have completed the following:

- The personal information section on page 2
 - Name
 - Address
 - Phone number
 - Birth
 - Gender
 - Email address: (Please Enter) _____

***SF YouthWorks will e-mail interview invitations. Please make sure your email address is accurate. Interview e-mails will be sent on 9/25/20.**
- The school information section on page 2
 - School
 - Grade
- The demographic information section on page 2-3
 - Other demographics
 - Race/Ethnicity
- The household information section on page 4
 - Living Situation
 - Home Language
 - Public Assistance
- The availability & scheduling section on page 5
 - The entire page must be filled out
- The short answer questions section on page 6
 - All four questions must be submitted with your application
- The required documents pages 7-13
 - Consent & Commitment Form
 - Authorization for Release Information Form
 - Office Travel Permission Form
 - Emergency Information Form
 - Workers Compensation
 - Kaiser Forms
 - Intern Agreements

Please fill out the entire application and review it before you turn it in. Incomplete applications will be either penalized or rejected.

TURNING IN YOUR SF YOUTHWORKS APPLICATION:

SUBMIT YOUR COMPLETED APPLICATION:

Submit by Mail or in Person to:
San Francisco YouthWorks, 2012 Pine Street
(@Laguna) 2nd Floor, San Francisco, CA 94115

CONTACT US WITH QUESTIONS:

TEL: (415) 202-7911

EMAIL: sfyouthworksinfo@jycyc.org

WEB:

www.sfyouthworks.org

SF YouthWorks is committed to making reasonable accommodations to ensure that people of all abilities have an equal opportunity to participate in our program and activities.