

# YOUTH APPLICATION

Last Name, First Name, Middle Initial _____		Application Date ____/____/____		
Preferred Pronouns _____		Application Date ____/____/____		
Home Address				
Street _____		City _____	State _____	Zip _____
County _____				
Mailing Address if Different				
Street _____		City _____	State _____	Zip _____
Phone Number _____		Birth Date ____/____/____		
e-mail address _____		Birth Date ____/____/____		
Do you have your:				
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> Oregon ID, Instructional Permit, or Driver's License				
What type of assistance would you like to receive?				
<input type="checkbox"/> Work Experience/Paid Internship <input type="checkbox"/> Assistance with Getting ID <input type="checkbox"/> Job Search/Employment Assistance <input type="checkbox"/> Exploration of Careers/Education <input type="checkbox"/> First Aid/CPR <input type="checkbox"/> Life Skills (ie.. budgeting, goal-setting, relationships & communication)				
<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Tutoring <input type="checkbox"/> Assistance with College Entry <input type="checkbox"/> Food Handlers Card <input type="checkbox"/> Other _____				
Education Status		Highest School Grade Completed		
<input type="checkbox"/> Student (high school or less) Where? _____		Completed Through Grade: (select one)		
<input type="checkbox"/> Not Attending/Did not Complete Last attended, Month _____ Year _____ School Name? _____		<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> I Have a High School Diploma <input type="checkbox"/> I Have a GED		
<input type="checkbox"/> Student Attending Post High School				
Did you or do you have an IEP or 504 plan in school? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have a learning disability? Yes <input type="checkbox"/> No <input type="checkbox"/>				

**Demographics/Characteristics** (select all that apply)

Place a check mark in the box next to any of the following that describe your current situation or may prevent you from getting and keeping a job. This information is confidential and will only be used to help us identify the services you need.

- I have limited reading, writing and/or math skills
- I do not live at home/have run away
- I do not have stable/affordable housing
- I have a criminal record
- I am pregnant or a single parent
- I am disabled or handicapped
- I have or want to drop out of school
- I am homeless
- I have or take care of my family
- I do not speak or read English well/ELL
- I am or have been in Foster Care
- I have or had substance abuse issues
- I am currently employed

Are you working with the Juvenile Department? Yes  No

Are you currently on probation? Yes  No

If yes who is your Probation Officer? \_\_\_\_\_

**Assistance Programs** YES  / NO

Are you receiving any financial assistance? If yes please list: (Examples, SNAP, TANF, Free or reduced lunch, SSI, etc)

\_\_\_\_\_

This will help determine eligibility for this program and other services provided by Community Services Consortium, and will remain confidential.

**Ethnicity/Race:**

- African American
- American Indian or Alaskan Native
- Asian
- Not Disclosed
- Caucasian
- Hawaiian Native or Other Pacific Islander
- Hispanic/Latino

**Gender:** \_\_\_\_\_

How are you going to get here? (walk, drive, bike) \_\_\_\_\_

As part of the program you will participate in the activities listed below. Regular attendance is required at all scheduled activities.

- Complete Aptitude and Interest Surveys
- Complete an Education and Career Plan
- Complete a Work Experience/ Internship
- Participate in Work Skills Training
- Complete Pre-Employment Training (includes Interview Skills, Resume and References)
- Complete a Program Survey about your program experience

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

CSC is an equal opportunity program employer. Language assistance is available to individuals with limited English proficiency free of cost. Auxiliary aids or services are available upon requested to individuals with disabilities.

Oregon Relay 1-800-735-2900.