



# 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 6<sup>th</sup> 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 2<sup>nd</sup> 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 4<sup>th</sup> 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.*

☐ \$0-\$10,000 ☐ \$50,001 - \$60,000☐ \$10,001 - \$20,000 ☐ \$60,001 - \$70,000☐ \$20,001 - \$30,000 ☐ \$70,001 - \$80,000☐ \$30,001 - \$40,000 ☐ \$80,001 - \$90,000☐ \$40,001 – \$50,000 ☐ \$90,001 and above

## Ethnicity

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

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

# Home Language

Please check the main language spoken in your household

	English		Spanish		Cantonese		Mandarin
	Japanese		Korean		Laotian		Samoan
	Tagalog		Toishanese		Vietnamese		Arabic
	Russian		Khmer/Cambodian		American Sign Language		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.

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Name of Participating Youth

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Parent/Guardian Signature

---

Date

**MYEEP**

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Name of Summer Employment Program/Organization