



Project YouthBuild

635 NW 6 Street • Gainesville, FL 32601
www.projectyouthbuild.org



Dear Prospective Member,

Welcome! We are so excited that you have chosen to take a step towards making a difference in your life. Project YouthBuild is looking for committed and motivated young people between the ages of 16-24 that lack a High School Diploma or GED and are willing to sacrifice time and put in the effort to change the course of their lives. We are now accepting applications and interviewing for the class of 2020.

Selected applicants from these interviews will begin a four-day Mental Toughness orientation in **FEBRUARY 2020**. If selected, students will be asked to participate in a *rigorous & rewarding* 9-month program.

If you are ready for this opportunity, please ensure that all documents are provided and all sections of the application completed. Incomplete applications will not be considered. Please return all completed applications directly to the Project YouthBuild office. (635 NW 6th Street, Gainesville FL, 32601) Once your completed application (all requested information) is received Project YouthBuild staff will contact you for an interview. **Deadline to submit your application is January 17, 2020.**

- Application Form (With Parental Consent, if required) Yes No
- Essay # 1 Yes No
- Essay # 2 Yes No

The following list of required documents MUST be turned in with your application.

- Copy of Birth Certificate
- Copy of Driver's License/State ID
- Copy of Social Security Card
- Copy of Medicaid Card/Insurance Card
- Verification of household income (e.g. pay stubs, tax forms, food stamp acceptance forms)
- Official **UNOPENED** copy of High School Transcripts (Including IEP paperwork)



Application 2020

The following information is used to determine eligibility and will be kept confidential. **Complete in PEN**

Date: _____

Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ U.S. Citizen Yes No

Age: _____ D.O.B. _____ Social Security Number: _____/_____/_____

FaceBook Name: _____

Have you registered for the Selective Service? (Male applicants over the age of 18) Yes No Not Applicable

Are you of Hispanic or Latinx Origin? Yes No Not Specified

What is your race?

- American Indian or Alaskan Hawaiian Native or Pacific Islander Asian White
- Black or African American Two or More Races Not Specified

Do you have any documented disabilities? Yes No **If yes, please provide IEP or SSDI paperwork.**

Please mark all fields that apply:

- Migrant Youth Low-income Family Youth in Foster Care High School Dropout
- Youth Offender Child of Incarcerated Parent Adult Offender Other: _____

Please list your emergency contacts, numbers should be different from your home numbers:

Emergency Contact 1: _____

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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Emergency Contact 2: _____

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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Where did you hear about Project YouthBuild?

- Newspaper Radio Television Flyer School Project YouthBuild Alumni
- Friend Craigslist FaceBook Other _____

Do you know anyone that attended YouthBuild: _____

EDUCATIONAL BACKGROUND

Do you have a High School Diploma? Yes No Do you have a GED? Yes No

What is the last school you attended? _____

Date Attended: _____ Last grade you completed? _____

TRAINING and WORK HISTORY

Have you ever been in another training program? (ex. WIOA Summer Youth, Job Corps, YouthBuild) Yes No

If yes, give name and location of program: _____

Date you attended program: _____ Did you complete the program? Yes No

Current Job (if applicable)

Are you currently working? Yes No Is your job? Part-time Full-time

What is your current hourly wage? _____ Average number of hours worked per week? _____

Current Work Schedule: _____

Name of Business _____

Phone _____ What kind of work do you do? _____

Supervisor's Name: _____ Can we call your supervisor? Yes No

Construction Experience

What about construction interests you? _____

Have you had any construction experience? Yes No

If so, please describe this experience _____

HEALTH INFORMATION

Do you have a history of any physical, mental and/or emotional health disorders? Yes No

If yes, please describe: _____

Do you take any medications? Yes No

If yes, please list _____

Are you supposed to wear glasses or contacts? Yes No

Do you have asthma? Yes No

Do you have diabetes? Yes No

Do you have any known allergies? Yes No

If yes, what? _____

Do you smoke? Yes No

When was the date of your last physical examination? _____

CRIMINAL BACKGROUND

Answer this section HONESTLY—we complete Level II Background Screenings on EACH student. If you are dishonest on this section it may eliminate you from selection

Have you ever been **arrested, convicted or held in police custody**? Yes No

If yes, please describe _____

Are you on probation, parole, or involved with corrections? Yes No

If yes, probation/parole officer _____ Phone # _____

**** Please provide documentation of the terms of your probation and upcoming court dates.**

ADDITIONAL INFORMATION

Do you have a driver's permit or driver's license? Yes No

Do you own a car? Yes No

Sample YouthBuild Schedule

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30am-12pm	Education Block or Construction Block				Internship/Impact Hours
12-12:45 pm	LUNCH				
12:45pm-3:45pm	Leadership/Education Block, Construction Block, or Impact Block				Internship/Impact Hours

If accepted will you consistently attend Monday through Friday 8:30-4:00? Yes No

Explain how you will arrive or depart each day from Project YouthBuild? (ex. Drop off by friend, RTS, bike, etc.)

Number of people in your household, including you: _____, Please list names of each person living in your home:

What is your current living status (select any that apply)?

- Living with family
- Living alone
- Living with friends
- Living in a homeless shelter
- Living in a halfway house
- Homeless
- Other: _____

Who pays the majority of your household bills? _____

Are you a parent? Yes No If yes, please give your child(s) name(s) and age(s): _____

Will you need assistance obtaining childcare? Yes No **If yes, please provide the following for each child:**

- Copy of Child's Birth Certificate
- Proof of Residency in Alachua County
- Additional paperwork will need to be completed with PYB Youth Advocate at interview

Do you or anyone within your household receive any of the following? Select **all** that apply

- Social Security Disability Insurance (SSDI) Supplemental Security Income (SSI) Food Stamps
- Temporary Assistance to Needy Families (TANF) Unemployment Subsidized Housing

Please list any other services you are receiving:

Applicant Signature _____

Date: _____

Parent Signature: _____

Date: _____

(If under the age of 18, must have parental signature to apply)



Short Answer # 2

Topic: Give two examples of places you would like to volunteer at and why those places are important to you?

Requirements: Minimum of two (2) paragraphs
