



# Mayor's Youth Employment and Education Program 2013 SUMMER MYEEP APPLICATION

## Eligibility

You must meet ALL of the requirements:

- 👉 14 to 17 years old on June 3, 2013
- 👉 Resident of San Francisco
- 👉 Will not graduate by May 2013
- 👉 Enrolled in school or GED Program
- 👉 Able to obtain a Work Permit

## Due Date

All applications must be turned in person by the youth himself/herself by **Friday, April 19, 2013**, before close of business. See *Rules* as location hours vary.

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, *Saidah Leatutufu*, 822-3491

### **Bernal Heights, Outer Mission**

Bernal Heights Neighborhood Center, 515 Cortland Avenue, *Lori Tran*, 206-2140 x143

### **Chinatown, North Beach**

Community Youth Center, 1038 Post Street, *Daphne Wong*, 775-2636 x245

### **Mission, Potrero Hill**

Horizons Unlimited, 440 Potrero Avenue, *Nancy Abdul-Shakur*, 487-6708

### **Oceanview, Merced, Ingleside**

Temple United Methodist Church, 65 Beverly Street, *Tyree Johnson*, 860-7602

### **Richmond, Sunset**

Community Youth Center, 319 6<sup>th</sup> Avenue Suite 201, *Chi Hong Leung*, 752-9675

### **Tenderloin, SOMA, Union Square**

Vietnamese Youth Development Center, 166 Eddy Street, *Stephanie Ha*, 771-2600 x113

### **Visitacion Valley, Sunnydale**

Visitacion Valley Middle School, 450 Raymond Avenue Room 101, *Lesette Gray*, 724-1480

### **Western Addition, Haight Ashbury**

Buchanan YMCA, 1530 Buchanan Street, *Jeffrey Lincoln*, 931-9622

### **Youth with Disabilities (all SF neighborhoods)**

Jewish Vocational Service, 225 Bush Street 4<sup>th</sup> Floor, *Diana DeGrandis*, 782-6262

**MYEEP** is a program of the **Japanese Community Youth Council** made possible by funding provided through **The San Francisco Department of Children Youth and Their Families (DCYF)**

# 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:

- 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, is a single parent family or 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
- Having non-traditional family responsibilities (care giver, financial contributions to family, etc.)
- 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**

April 22 - May 10	Interviews/Orientations
April 30	All applicants notified of their acceptance or waitlist status*
June 3 – June 14	10 hours of Mandatory Pre-Employment Workshops (\$50 stipend)
June 19	Start Worksite Placement (\$10.55/hour, 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 30, you have not been accepted into the program.

# Application Submission

## Rules

- Only complete applications (with all signatures and documents) will be accepted.
- Complete the entire application in BLUE or BLACK ink.
- The youth applicant must bring the application himself/herself in person (no fax, email, scan allowed)!
- **You may submit your application to MYEEP locations on any weekday EXCEPT for Tuesday between the hours of 4:00PM and 6:00PM. If you are submitting your application to Jewish Vocational Service, please submit applications between the hours of 3:00PM and 5:00PM.**
- No applications will be accepted after the due date April 19, 2013.

## 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)

## After Acceptance

After acceptance, you will be required to:

- obtain a Work Permit (need social security card, proof of age, and proof of school attendance)
- set up direct deposit for your paychecks (need bank routing number and account number)
- provide necessary *original* documents to prove employment eligibility in the U.S. Photocopies of documents will not be accepted.

### **Work Eligibility Documents OPTION ONE**

You can provide one original document from the following list:

- U.S. Passport
- Permanent Resident Card or Alien Registration Receipt Card
- Foreign passport that contains a temporary I-551 stamp

### **Work Eligibility Documents OPTION TWO**

You can also provide two original documents, one from each list:

#### List 1

- State Issued Driver's License or CA ID Card
- School ID Card with a photograph and year
- School Schedule for the most recent semester
- School Report Card for most recent semester

#### List 2

- Social Security Card
- Birth Certificate
- SF City ID Card

If you do not have any of these documents, please start the process of getting it as soon as possible!

**Social Security Card** – 90 7<sup>th</sup> Street or 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

	I have completed the application in BLUE or BLACK ink.
	I have entered my Social Security # and double-checked the number.
	All of the signature lines are filled in (Parental Consent, Participant Commitment and Emergency Form)
	I have answered all three motivation questions.
	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.
	I will be 14 to 17 years old on June 3, 2013.
	I live in San Francisco.
	I will not have graduated by May 2013.
	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 weekday (NOT Tuesday) between 4-6pm (or 3-5pm at Jewish Vocational Service).
	I have started to gather my work eligibility documents.

## Stay Connected with MYEEP



[www.facebook.com/myeep](http://www.facebook.com/myeep)



[www.myeep.org](http://www.myeep.org)



@sfmyeep

## Contact MYEEP Central Office

Program Director	Alvin Woo	<a href="mailto:alvin@myeep.org">alvin@myeep.org</a>	415-202-7903
Associate Director	Becky Lai	<a href="mailto:becky@myeep.org">becky@myeep.org</a>	415-202-7943
Youth Development Coordinator	Hope Lehman	<a href="mailto:hope@myeep.org">hope@myeep.org</a>	415-202-7945
Communications Coordinator	Cheryl Ann Asico	<a href="mailto:cheryl@myeep.org">cheryl@myeep.org</a>	415-202-7944
Office Manager	Lisa Dieng	<a href="mailto:ldieng@jcyc.org">ldieng@jcyc.org</a>	415-202-7903
Payroll Specialist	Allan Luu	<a href="mailto:aluu@jcyc.org">aluu@jcyc.org</a>	415-202-7904

# 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 ____			
Permanent Resident # (if applicable)  ____ - ____ - ____		H0# (only applicable if enrolled in SFUSD schools)  H0 _____	
Home Phone #  (415) ____ - ____		Cell Phone #  ____ - ____ - ____	
Email Address		Social Security #  ____ - ____ - ____	

## Demographics

Have you been a MYEEP intern before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever failed a Math or English class? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a job before? <input type="checkbox"/> Yes <input type="checkbox"/> No		In the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much were you paid?
Name of School	Current GPA	Current Grade Level	High School Graduation Date Month ____/Year _____
Activities (Sports, Clubs, Groups, Programs)			
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			
Other (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			Reason for IEP
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

Circle 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? \_\_\_\_\_

## 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 sports, music, lessons, counseling, classes, babysitting, religious commitments) and the time you are committed to attend.

For example, write "Dance Team 4pm – 6pm" 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 THREE different and distinct permission requests.

## Authorization to Release School Student Records

I hereby authorize \_\_\_\_\_ (name of school) to release, upon request by any Mayor's Youth Employment and Education Program (MYEEP) representative academic records or attendance records of \_\_\_\_\_ (name of student) while s/he is a participant of in the program. I also authorize any MYEEP representative to discuss with school staff the academic performance of my child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## MYEEP Media Release

By signing below, I am authorizing MYEEP and its affiliates to use any pictures or video that may include my child as well as 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, academic work, 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** \_\_\_\_\_

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## 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**

# **EMERGENCY INSTRUCTIONS**

*For Worksite Supervisors, MYEEP Coordinators, and MYEEP Central Office Staff*

If a MYEEP Participant is injured while they are under your supervision, please follow these steps:

## **STEP ONE: ASSESS THE SITUATION AND ACT**

### **If 911 is required, call 911 for help.**

- This form must accompany the intern to the hospital.

### **If the injury is minor (for example, a small cut), please treat as needed.**

### **If the injury requires professional medical attention,**

- Please take the young person to either:
  - Kaiser Occupational Health Clinic at 601 Van Ness Avenue, Opera Plaza, Mezzanine Level, Suite 2008 (closes at 5pm)
  - Kaiser Emergency Room at 2425 Geary Blvd (between Lyon and St. Joseph Avenue)
- This form must accompany the intern to the hospital.

## **STEP TWO: CONTACT MYEEP COORDINATOR/CENTRAL OFFICE**

- Contact the Participant's MYEEP Coordinator
- If you are unable to reach the MYEEP Coordinator, please call MYEEP Central Office at any of the numbers below:
  - Lisa Dieng, Office Manager 415-202-7903
  - Becky Lai, Associate Director 415-202-7943
  - Cheryl Asico, Communications Coordinator 415-202-7944
  - Allan Luu, Payroll Specialist 415-202-7904
- Contact the Parents/Guardians or Alternate Emergency Contact listed on the other side of the form.
- Please stay with the intern until a Parent/Guardian or MYEEP Staff Person arrives to accompany the intern.

## **STEP THREE: PLEASE DOCUMENT DETAILS OF THE INJURY**

- Please write down details regarding the injury:
  - Date
  - Time injury occurred
  - Details of the injury (left arm, right thumb, etc.)
  - Where was the youth taken
- You may be contacted after the incident to provide the details of the injury to a MYEEP Staff Person