

East Georgia YouthBuild Program Eligibility Checklist

Dear Prospective Trainee:

Applications will continue to be collected in consideration of the next cohort.

- COPY OF PARTICIPANT'S VALID DRIVERS LICENSE OR GEORGIA IDENTIFICATION CARD OR BIRTH CERTIFICATE
- COPY OF PARENT'S OR GUARDIANS VALID DRIVERS LICENSE OR GEORGIA IDENTIFICATION CARD (if participant is under 18 years of age)
- COPY OF PARTICIPANTS SOCIAL SECURITY CARD
- OFFICIAL WITHDRAWAL LETTER FROM LAST SCHOOL ATTENDED
- COPY OF PARENT OR GUARDIANS 2016 TAX RETURN (2017 if already filed)
- INCOME VERIFICATION (copies of **pay stubs** from September 2017 – March 2018 to include parents and other household members **OR** proof of Public Assistance **OR** proof of Social Security/Disability benefits)
- PROOF OF U.S. SELECTIVE SERVICES REGISTRATION (FOR MALES 18+ ONLY)
- RELEASE OF INFORMATION FOR TRAINEES (if you are under the age of 18 years old, this document will require your Parent or Guardians Signature)
- COMPLETE LOCATOR PLACEMENT ASSESSMENT

MENTAL TOUGHNESS ORIENTATION WEEK WILL HAVE OUTSIDE SPEAKERS AND SPECIAL EVENTS. BUSINESS CASUAL DRESS ATTIRE WILL BE REQUIRED.

****FINAL CANDIDATES WILL BE SELECTED UPON COMPLETION OF MENTAL TOUGHNESS ORIENTATION****

Note: Selected participants will be responsible to attend and dress professional for special events.

Males Dress attire for special events: dark pants, white dress shirts, tie, and dark shoes

Females Dress Attire for special events: pants suit, knee length loose fitting skirt or dress with blouse, flesh tone stockings and dark enclosed shoes

*****DETACH THIS SHEET FOR YOUR RECORDS!!!*****

Thank you for your interest in East Georgia YouthBuild Program!

Program Overview: East Georgia YouthBuild provides a non-traditional learning opportunity to young adults in the East Georgia area, 16-24 years of age, interested in gaining construction skills trade while earning a high school diploma equivalent.

Purpose: To provide a wholistic program developing leadership and life skills while earning an education and career trade.

Goal: To develop emergency housing quickly accessible to persons displaced and homeless for less than 12 months.

Participants will receive ongoing support, leadership development, tutoring, access to community resources, post- secondary education, career development employment services, on the job training, constructing houses, networking opportunities, transportation assistance, and financial stipends. Upon successful completion, participants will earn a High School Diploma equivalent, Construction Certificate MC3, and OSHA 10.

Application Process

- 1. Complete Application with ALL required documents**
- 2. Reply to offer letter**
- 3. Attend Mental Toughness Orientation Week**

Return Applications in person to:

East Georgia YouthBuild Program

Attn: Elizabeth Brown

Thomson Housing Authority

219 Pecan Avenue

Thomson, Georgia 30824

(706)595-4878 ext. 103

*****DETACH THIS SHEET FOR YOUR RECORDS!!!*****

East Georgia YouthBuild Application

Date: _____

Name (on birth certificate)	Age	Date of Birth
Social Security #		
Gender	Race	
Name of last School attended	Highest Grade completed	
	Last year in school:	
Address	Home Phone#	
Email Address:	Cell Phone #	
Parent/Guardian Name	Parent Contact#	
Current Employer:	Valid Driver's License: (yes or no)	
If unemployed have you ever had a job?		
Emergency Contact:	Medical Insurance Coverage:	
Phone Number:	Hospital Preference:	
T shirt size	How did you hear about East Georgia YouthBuild?	

Other Demographics (Check Yes or No)	Yes	No
Are you limited English proficient		
Low income		
Foster Youth		
Migrant Youth		
High School Drop Out		
Do you have a high school diploma or GED		
Basic Skills deficient		
Convicted Youth offender		
Convicted Adult offender		
Currently pending charges		
On probation on parole (list name/# of officer)		
Child of incarcerated parent		
Person with disability		
Registered for Selective Service (Males 18+)		

In your own writing, please briefly answer the following questions:

1. Why would you like to participate in East Georgia YouthBuild?
2. What are your expectations of the East Georgia YouthBuild staff?
3. What type of support do you have to be successful?
4. What type of support will you need to be successful?
5. If you dropped out of high school, briefly explain why.
6. Will you need assistance with transportation?
7. Have you ever been in a GED Program before?
8. Have you taken the GED program test before? (if yes, how did you do?)
9. Have you ever taken Technical Industrial Arts or Shop classes?
10. Do you have any construction experience? (Briefly describe)
11. Do you plan to attend vocational school or college?

12. What are your short-term goals? (starting today to 3 months)

13. What are your long-term goals? (3-5 years from now)

Household Information

Number of people in your household: Adults _____ Children _____

Check all that applies Yes or No	Yes	No
Live alone		
Living with friends		
Living in Homeless Shelter		
Living in public housing		
Living in group home		
Living in transitional housing		
Living in work release facility		
Living with family		
Other: Please specify		

14. Are you Married?

15. Do you have children? (If so, list their names and ages)

16. Do your children live with you?

17. Please check the amount closest to your annual household income.

- \$0- \$15,000
- \$15,001 - \$20, 000
- \$20,001 - \$25,000
- \$25,001 - \$30,000
- \$30,001 – \$35,000
- \$35,001 - \$40,000
- \$40,001 - \$45,000
- More than \$45,000

18. Do you or someone in your Household receive:

Check all that applies Yes or No	Yes	No
TANF		
Child Support		
Food Stamps		
Social Security/SSI		
Other source of income or public assistance		

19. What changes do you think you will need to make in order to successfully complete East Georgia YouthBuild Program?

20. Are you ready to make those changes?

21. How do you know that you are ready?

22. Have you ever attended Augusta Technical College before?

23. Have you been advised **NOT** to return to **ANY** Augusta Technical College campus for any reason?

24. Do you know anyone that has completed a YouthBuild Program? (if yes, name, relationship, YouthBuild location)

I _____ (print name) attest that the above information is true. I understand that any false information listed on this application may result in my application being denied.

Participant's
Signature

Date: (mm/dd/yy)

Parent or Guardian Signature
(Required for minors under 18)

Date: (mm/dd/yy)

Thank you for your interest in the East Georgia YouthBuild Program and taking the time to complete the application process!

As a recipient of Federal financial assistance, East Georgia YouthBuild is prohibited from discriminating on the grounds of race, color, religion, gender, national origin, age, disability, political affiliation or belief, and against any beneficiary of programs on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States.

**East Georgia YouthBuild Program
Medical Emergency Contact Information**

The following information is to be completed and used by East Georgia YouthBuild staff as a reference in the event of an emergency.

Participant Information:

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Telephone: _____ Cell: _____ Alternate Phone: _____

Preferred Hospital for Treatment: _____

Contact Person(s) Who should East Georgia YouthBuild Contact in case of an emergency?

Primary:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone numbers

Telephone: _____ Cell: _____ Alternate Phone: _____

Secondary:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone numbers

Telephone: _____ Cell: _____ Alternate Phone: _____

East Georgia YouthBuild Program
Release of Grades / Transcript

I, _____, authorize your institution to release any information or academic, testing, and attendance records requested by the East Georgia YouthBuild Program Staff, which shall include any verbal and written communication from your institution.

This release authorizes a free exchange of information between support systems to give the most complete and thorough services available. It **does not** authorize the release of information or records for any other person than the individual listed above. Unless otherwise stated, this release shall remain in effect for a period of **three years** from the date of my signature.

Testing Release Form

I, _____, give the East Georgia YouthBuild Program permission to release the results from my Test of Adult Basic Education (TABE) administered to any training agency that will be assisting in my training and/or employment.

Participants Signature

Date: (mm/dd/yy)

Guardian's Signature

Date: (mm/dd/yy)

East Georgia YouthBuild Program Staff

Date: (mm/dd/yy)

East Georgia YouthBuild Program Publicity / Media Release Form

I, _____, give the East Georgia YouthBuild permission to use any photograph or video footage taken as a result of my participation in any YouthBuild activities for publicity or outreach purposes. I understand that these items may be shared with other participants, community members, service providers, and local board members and staff, and throughout the workforce community to ensure the future success of the East Georgia YouthBuild Program and all participants involved.

Participant's Signature

Date: (mm/dd/yy)

Guardian's Signature

Date: (mm/dd/yy)

East Georgia YouthBuild Staff

Date: (mm/dd/yy)

East Georgia YouthBuild Program

Release of Information Form

I, _____, hereby give my consent for the East Georgia YouthBuild Program to receive information from collaborative partners; county, state, or federal agencies; employers; and/or educational facilities that has any information that may assist East Georgia YouthBuild in my vocational, educational, and/or general future stability and success. This shall include any verbal and written communication from your agency and/or institution.

This consent includes, but is not limited to, educational history (transcripts, testing dates and results) employment history (verification of employment, income statements, wages, and fringe benefits, with information used only for statistical follow-up purposes and not released except as cumulative statistics) criminal background history, and all information related to any public, county, state, or federal assistance/benefits received. This also includes the sharing of a resume, with the information limited to what could legally be requested within a job application.

This release authorizes a free exchange of information between support systems to give the most complete and thorough services available. It **does not** authorize the release of information or records for any other person than the individual listed above. Unless otherwise stated, this release will remain in effect for a period of **three years** from the date of my signature.

Participant's Signature

Date: (mm/dd/yy)

Guardian's Signature

Date: (mm/dd/yy)

East Georgia YouthBuild Staff

Date: (mm/dd/yy)

East Georgia YouthBuild Program

Parent/Guardian and Youth Participant Permission Form

I, _____, grant permission to the East Georgia YouthBuild Program and its partners to assist my child, _____, with furthering his/her academic and vocational skills.

Please initial that you understand each statement:

___ I understand my son or daughter may be required to **take basic written and oral exams, physical exams, or drug screens** as prerequisites to beginning a class or workforce training job placement.

___ I understand that as a participant in this program, my child may be involved in **various workshops** with topics including but not limited to: **goal setting, leadership / motivation, workforce readiness, career planning, alternative schooling, social skills, peer pressure, substance abuse, and sexual health.**

___ I understand that some East Georgia YouthBuild Program activities / events may involve **late afternoon and/or weekend** participation and I will be notified of the event in advance.

___ I understand that occasionally my child may require **assistance with transportation** to planned activities /events and I will be notified in advance.

___ I understand the East Georgia YouthBuild Program may request my **child's educational and employment history from previous training programs, academic institutions, and employers.**

___ I understand the East Georgia YouthBuild Program will request a copy of my child's **criminal background history.**

___ I understand the East Georgia YouthBuild Program may request important official documents (**originals or certified copies**) from me to properly serve my child. Those documents include but are not limited to: **a copy of my Valid Driver's License or Identification Card; a copy of my 2017 tax returns (or most current) for financial aid at Post-Secondary Education /College Enrollment; and Income Verification (6 months prior to program enrollment).**

___ I understand I can contact East Georgia YouthBuild Program Staff at any time, both during and after enrollment with any questions concerning his/her progress in the program.

Participant's Signature

Date: (mm/dd/yy)

Guardian's Signature (if under 18 yrs.)

Date: (mm/dd/yy)

East Georgia YouthBuild Staff

Date: (mm/dd/yy)