

2009 Atlantic County Summer Youth Work Study Program Application and Eligibility Packet

Youth must meet income and other required eligibility to participate in Atlantic County Summer Youth Work Study program. Interested youth and their families/guardian should complete this application and eligibility packet. An Employment Specialist will schedule an “intake” once preliminary eligibility has been determined based on the submission of this packet.

Instructions:

Eligible youth that wish to participate in the Atlantic County Summer Youth Work Study program, should complete and mail in the original copies of each document in this packet to: YouthWORKS Career Center, 45 East Washington Avenue, Pleasantville, NJ 08232. Please keep a copy of the originals for your records.

Checklist of Required Documents for Mailing:

1. Application (separate document from this packet)
2. Parental Consent Form
3. Allergy/Health Questionnaire
4. Youth Release Form

ATLANTIC CAPE MAY ONE-STOP CAREER CENTER

PARENTAL CONSENT FORM

Name of Student

Date of Birth

Address

_____/_____/_____
Social Security Number

City, State, Zip

() _____
Telephone

By signing below, I give permission for my child to participate in the Workforce Investment Act (WIA) youth program.

I also give Atlantic Cape May One Stop Career Center permission to verify and exchange information regarding my child including income, employment history, school records, and/or social security information.

Parent/Guardian (Print)

Parent/ Guardian (Signature)

Date

PLEASE NOTE: The information you supply on this form is Confidential and will be used to help determine eligibility. It WILL NOT affect any public assistance payments you may be receiving and will be used ONLY for eligibility.

2 S. Main St., Suite 3 Pleasantville, NJ 08232 • 3810 New Jersey Ave., Wildwood, NJ 08260

Please keep a copy of this document for your records.

ALLERGY/HEALTH QUESTIONNAIRE

APPLICANT NAME: _____

PROVIDE A NAME, ADDRESS, AND TELEPHONE NUMBER OF A RELATIVE, FRIEND OR NEIGHBOR THAT BE CONTACTED IN CASE OF EMERGENCY.

NAME: _____

ADDRESS: _____

PHONE #: _____

DO YOU HAVE ANY OF THE FOLLOWING?

ALLERGIES TO:

CHRONIC OR RECURRING ILLNESSES:

HAY FEVER _____

HEART DISEASE _____

ASTHMA _____

CONVULSIONS _____

MEDICATION _____

DIABETES _____

INSECT BITES _____

PHYSICAL HANDICAP _____

FOOD REACTIONS _____

OTHER _____

Have you had any operations or injuries that would impair your performance in the workplace or in the classroom?
YES _____ NO _____

If yes, provide us with (1) nature of illness (2) operation/injury (3) Name of Physician and/or hospital (4) dates of operation/injury.

Please list any medications you are currently taking:

DISCLOSURE STATEMENT:

I _____ VOLUNTARILY GIVE PERMISSION TO UTILIZE THE INFORMATION GIVEN ON THIS FORM. I FULLY UNDERSTAND THAT THIS INFORMATION WILL REMAIN CONFIDENTIAL AND WILL ONLY BE UTILIZED TO ASSIST WIA IN HELPING ME SELECT THE BEST SUITABLE EMPLOYMENT AND/OR TRAINING OPPURTUNITIES AVAILABLE TO ME.

Signature/Date _____

If applicant is 17 years old or younger: The health history is correct and my son/ daughter have permission to engage in all required job activities except as noted by physician.

Signature of parent/guardian

Home #

Work #

Please keep a copy of this document for your records.



Atlantic Cape May One Stop Career Center

2 South Main Street, Suite 3 - Pleasantville, NJ 08232 - (609) 485-0052 - Fax (609) 485-0067

Information Release Form

Name:

Address:

_____ (applicant)

Social Security Number:

Telephone Number:

By signing below, I _____, hereby authorize the release of my personal information to and from the Atlantic Cape May One Stop Career Center for verification and information exchange purposes including, but not limited to my: known addresses, income, employment history/data, school records and/or Social Security data. This information supplied and obtained from sources including, but not limited to my employers, the Social Security Administration, and other pertinent data sources determines Workforce Investment Act (WIA) program eligibility and verifies my proof of citizenship, place and date of birth, Social Security numbers, wage and income amounts, addresses, phone numbers, etc. This released confidential information will also be utilized for program tracking.

I understand that Atlantic Cape May One Stop Career Center tracks customers prior to and after the completion of program services; therefore, as a participant, I authorize the release of my income and employment data prior to and after the completion of all of my employment and training objectives.

(parent or guardian signature –
required of all youth under 18 years of age)

(signed name / date)

Please keep a copy of this document for your records.