

Application for Boley Centers, Inc.
Summer Youth Intern Program 2017

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A POSITION

YOU MUST BE AT LEAST 16 YEARS OLD AND NOT OLDER THAN 21 YEARS OF AGE, AS OF APRIL 22, 2017.

THE TOTAL ANNUAL HOUSEHOLD INCOME WILL BE USED TO DETERMINE ELIGIBILITY.

INCOMPLETE APPLICATIONS WILL BE DISCARDED. NO PHOTOCOPIES WILL BE ACCEPTED.

PLEASE PRINT IN INK:

NAME _____ SSN (ENTIRE NUMBER) _____

HOME ADDRESS _____

HOME PHONE (____) _____ CITY _____ STATE _____ ZIP CODE _____
EMERGENCY/OTHER PHONE (____) _____

EMAIL ADDRESS: _____

AGE _____ BIRTH DATE _____ MALE _____ FEMALE _____

DO YOU HAVE A DRIVER'S LICENSE, LEARNER PERMIT, OR STATE I.D.? YES or NO (MANDATORY REQUIREMENT)

DO YOU HAVE A BANK ACCOUNT? YES OR NO (MANDATORY FOR DIRECT DEPOSIT)

ARE YOU IN HIGH SCHOOL OR COLLEGE? YES or NO IF NO, HIGHEST GRADE COMPLETED? _____

IF YES, NAME OF SCHOOL OR COLLEGE _____ CREDITS _____ MAJOR _____

PLEASE SELECT EDUCATIONAL CERTIFICATION RECEIVED: MICROSOFT _____ INTERNET _____ CAD/CAT _____

HIGH SCHOOL DIPLOMA SPECIAL DIPLOMA CERT. OF COMPLETION GED NONE

WHAT TYPE OF JOB ARE YOU INTERESTED IN? 1. _____ 2. _____

RACE (Please select one):

WHITE/CAUCASIAN BLACK/AFRICAN AMERICAN HISPANIC/NON-WHITE
 NATIVE AMERICAN ASIAN AMERICAN OTHER _____

ETHNICITY (Please select one): PUERTO RICAN MEXICAN CUBAN OTHER HISPANIC

HAITIAN NONE OF THE ABOVE

THE FOLLOWING INFORMATION WILL HELP US DETERMINE YOUR ELIGIBILITY FOR THE SUMMER PROGRAM:

- | | | |
|---|-------|----|
| 1. HAVE YOU EVER HAD A JOB? | Yes | No |
| 2. HAVE YOU EVER BEEN ARRESTED/PENDING CHARGES? (Background checks mandatory) | Yes | No |
| 3. IS YOUR HOUSEHOLD CURRENTLY RECEIVING FOOD STAMP ASSISTANCE? | Yes | No |
| 4. IS ANYONE IN THE HOUSEHOLD RECEIVING SUPPLEMENTAL SECURITY INCOME (SSI)? | Yes | No |
| 5. DOES THE HOUSEHOLD RECEIVE FEDERAL/STATE CASH ASSISTANCE? (Proof Required)
(i.e., WIA, TANF, WELFARE TRANSITION, WELFARE TO WORK) | Yes | No |
| 6. ARE YOU RESIDING IN A FACILITY FOR DEPENDENT YOUTH (FOSTER CARE, ETC.)? | Yes | No |
| 7. IS THE ADDRESS LISTED ABOVE YOUR PERMANENT RESIDENCE? | Yes | No |
| 8. HOW MANY MEMBERS ARE IN YOUR HOUSEHOLD? | _____ | |
| 9. WHAT IS THE TOTAL ANNUAL HOUSEHOLD INCOME? (Proof must be provided for everyone in the household) \$ | _____ | |

RELEASE OF INFORMATION

I hereby authorize representatives of the Summer Youth Intern Program to obtain information concerning my household's WIA, TANF, Food Stamp, or Social Security information for the purposes of determining eligibility. **ALL INFORMATION WILL REMAIN CONFIDENTIAL.**

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME PRINTED _____ / _____
(IF APPLICANT IS UNDER 18 YEARS OF AGE) (RELATIONSHIP TO APPLICANT)

PARENT/GUARDIAN SIGNATURE _____ DATE _____

**IF SELECTED, YOU WILL BE CONTACTED BY MAIL OR TELEPHONE FOR AN INTAKE INTERVIEW.
PLEASE CALL (727) 821-4819 EXT. 5232 WITH QUESTIONS OR FOR ADDITIONAL INFORMATION.**