



Mayor's Youth Employment and Education Program 2017-2018 SCHOOL YEAR MYEEP APPLICATION

Eligibility

You must meet ALL of the requirements:

- 👍 Resident of San Francisco
- 👍 Currently enrolled in High School
- 👍 9th or 10th grade on student locator card
- 👍 Must be 14 years old by January 1st, 2018
- 👍 Ability to attend all training workshops
- 👍 Ability to return phone calls in a timely manner

Application Submission

Rules

- Only complete applications (with all signatures and documents) will be accepted.
- Complete this packet application in BLUE or BLACK ink.
- The youth applicant must bring the application himself/herself in person (no fax, email, scan allowed!).
- No applications will be accepted after the due date September 8, 2017.

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)

Due Date

All applications must be turned in person by the **YOUTH** himself/herself by **Friday, September 8, 2017**

Each agency has a different application acceptance time. Please look over the next page to review the date and time you can turn it in.

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, *Eileen Young*, 822-3491
Application Drop off time: Monday-Thursday from 2:00PM-5:00PM Closed 9/4

Bernal Heights, Outer Mission

Bernal Heights Neighborhood Center, 515 Cortland Avenue, *Lori Tran*, 206-2140 x143
Application Drop off time: Monday-Friday from 3:30PM-6:00PM and 9/4

Chinatown, North Beach

Community Youth Center, 1038 Post Street, *Mei Ding*, 775-2636 x226
Application Drop off time Monday-Friday from 2:30PM-5:30PM Closed 8/16 – 8/18 and on 9/4

Mission, Potrero Hill

Horizons Unlimited, 440 Potrero Avenue, *Nikia Durgin*, 487-6708
Application Drop off time: Monday-Thursday from 2:30PM-6:00PM Closed on 9/4

Oceanview, Merced, Ingleside

Balboa High School, 1000 Cayuga Ave Rm 28, *Tyree Johnson*, 860-7602
Application drop off time Monday-Friday from 4:00PM-6:00PM Closed on 9/4

Richmond

Community Youth Center, 319 6th Avenue Suite 201, *Karen Ta* 752-9675
Application Drop off time Monday-Friday from 4:00PM-6:00PM Closed 8/16 – 8/18 and on 9/4

Sunset

Community Youth Center, 319 6th Avenue Suite 201, *Oriel Fong* 752-9675
Application Drop off time Monday-Friday from 4:00PM-6:00PM Closed 8/16 – 8/18 and on 9/4

Tenderloin, SOMA, Union Square

Vietnamese Youth Development Center, 166 Eddy Street, *Maricar Bamba*, 771-2600
Application Drop off time Monday-Friday from 3:30PM-6:00PM Closed on 9/4

Visitacion Valley, Sunnydale

APA Family Support Services, 50 Raymond Avenue 2nd floor, *Lesette Gray*, 724-1480
Application Drop off time are Monday-Fridays from 4:00-6:00PM Closed on 9/4

Western Addition, Haight Ashbury

Buchanan YMCA, 1530 Buchanan Street, *Matt Mendoza*, 931-9622
Application Drop off time is Monday-Friday from 4:00PM-6:00PM Closed on 9/4

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)

Application Submission Guidelines

SUBMISSION RULES – Please read carefully

- ✓ **YOU, the participant, must bring the application yourself in person to your local MYEEP agency.** Coordinators will not accept an application from a parent/guardian, friend, relative and/or advocate.
- ✓ Applications must be submitted to the agency closest to where you live and/or attend school unless you have a special circumstance – please discuss with the Coordinator before you submit!
- ✓ Applications may only be submitted between the hours listed for each individual agency.
- ✓ **Turning it in before the due date DOES NOT guarantee a position in the program.**
- ✓ Complete the entire application in BLUE or BLACK ink. Please don't use pencil or other ink colors.
- ✓ If you need help with your application, contact your local MYEEP Coordinator listed on the front page

WHAT TO EXPECT?

1. Please wait for an agency staff person to review your application when you submit it to make sure it's complete.
 - a. If your application is complete with all documents, you will be considered for acceptance into MYEEP.
 - b. If your application is not complete, you will be given a list of things that need to be corrected. You must complete them as soon as possible and resubmit your application before the due date to be considered.
2. Coordinators will notify accepted applicants and applicants placed on the waiting list by Friday September 15th. **Due to the volume of applications we receive, we are not able to notify all applicants that are NOT accepted.**
3. Accepted participants must attend orientation the week of September 18, 2017 to be considered for the program.

SELECTION CRITERIA

MYEEP reserves the right to ask you to submit documentation/proof for each selection criteria. Please be as honest and accurate as possible. No single criterion will determine whether or not you are accepted. Here are some of things we consider when reviewing applications:

- Having significant and/or multiple barriers to employment as defined by: 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; 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 LGBTQI; and/or homeless.
- Residence within the targeted service area of a MYEEP program location
- Lack of involvement in other enrichment activities
- 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.

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 as well as in the workforce.

PROGRAM STRUCTURE

October to December: Training Period – 6 hours a week

- 2 days of MYEEP Job Readiness Training (4 hours a week)
- 1 day of Academic Mentor Program (2 hours a week)
- Stipend based \$20 for each 2 hour workshop
- Opportunity for cash bonuses and matched savings
 - ❖ Before the Internship period begins in January, you will be required to
 - Obtain a **Work Permit**
 - Provide all necessary **ORIGINAL and Current** documents to prove employment eligibility in the U.S. (Social Security Card, Proof of Age, Proof of School, and Photo ID)

January to April: Internship Period

- Wage-based
- \$14.00/hour (San Francisco's minimum wage)
- 10 hours a week (2 hours at the MYEEP agency, 8 hours at the worksite)
- Field trips (MYEEP in SF Career Exploration Day, University Day UC Berkeley Campus Visit)

June to August: Advanced Internship Period

- Wage-based
- \$14.00/hour June \$15.00/hour July and August (San Francisco's minimum wage)
- 20 hours a week at the worksite (8 hours of workshops in July at the MYEEP agency)

HOW MUCH OF A COMMITMENT IS MYEEP?

If you are involved in regular after school programs, clubs, or sports, it may not be possible to commit to the MYEEP program. MYEEP requires that you attend **3 workshops a week Oct - Dec** and are available to work a minimum of 3 days a week Jan- Apr. You may only miss a certain number of workshops before being terminated from the program.

ACADEMIC MENTOR PROGRAM (AMP)

As a participant in MYEEP you will be asked to balance the commitment of school and work. To support academic success, participants spend one day per week in small groups working with an Academic Mentor during the training period (October – December). During AMP days you will receive tutorial support, as well as programming focused on classroom skills and strategies for academic success. Participants are expected to work toward maintaining a GPA of 2.0 or above while in the program.

A FEW EXAMPLES OF MYEEP INTERNSHIPS

- Students Ambassador at Aspect Foundation
- Youth Tutor at Reading Partners
- Teen Staff at Boys and Girls Clubs of San Francisco (various Clubhouses)
- High School Explainer at the Exploratorium Museum
- Administrative Assistant at the SF Trial Lawyers Association
- Youth Counselor at Bayview Opera House, Inc.



MYEEP APPLICATION CHECKLIST

Make sure everything on this list is checked before turning in!!

- I have completed the application in BLUE or BLACK ink
- Page 1: Personal Identification & Demographics
- Page 2: Family Income, Ethnicity
- Page 3: Home Language, School Year Schedule, Extra Information
- Page 4: Motivation Questions - Response should be typed or written neatly in blue or black ink.
- Page 5-8: All signature lines are filled in (Parent Consent, Workers Compensation, Emergency Form)

APPLICATION DOCUMENTS

- A copy of your current Fall 2017 School Locator Card
- A copy of your Photo ID (can be a school ID, California ID, Passport, or Permanent Resident Card)

Personal Identification

Please print neatly in 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 #			Cell Phone #		
(415) __ __ __ - __ __ __ __			__ __ __ - __ __ __ - __ __ __ __		
Email Address					

Demographics

Have you been a MYEEP intern before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever applied to MYEEP before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a job before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was it 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	Grade Level Sept 2017	Anticipated High School Grad. Date
			Month __ __ /Year __ __ __ __
Have you ever failed a Math or English Class? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List out any activities you plan on being a part of this school year (Sports, Clubs, Church, 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"/> LGBT <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 _____	
Living Situation (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"/> Self-Support How many people live in your household? _____	
Housing Status <input type="checkbox"/> Permanent / Stable Housing <input type="checkbox"/> Homeless - Transitional/Supportive Housing <input type="checkbox"/> Homeless – Shelter/Emergency Housing <input type="checkbox"/> Homeless – Motel/Hotel <input type="checkbox"/> Homeless – Staying with Friends/Family/ Double-up <input type="checkbox"/> Homeless – Unsheltered	

Family Income Information *Please have your parent/guardian assist you with this section*

Check any of the following forms of government assistance/programs that anyone in your household receives:

- CalWORKs) General Assistance (GA) Food Stamps Medi-Cal Public Housing
 SSI TANF Other

What is the combined total annual income of everyone in your household?

- | | |
|--|---|
| <input type="checkbox"/> \$0 – \$10,000 | <input type="checkbox"/> \$50,001 – \$60,000 |
| <input type="checkbox"/> \$10,001 – \$20,000 | <input type="checkbox"/> \$60,001 – \$70,000 |
| <input type="checkbox"/> \$20,001 – \$30,000 | <input type="checkbox"/> \$70,001 – \$80,000 |
| <input type="checkbox"/> \$30,001 – \$40,000 | <input type="checkbox"/> \$80,001 – \$90,000 |
| <input type="checkbox"/> \$40,001 – \$50,000 | <input type="checkbox"/> \$90,001 – \$100,000 |

Ethnicity *This will not affect your application status. Please check the ethnicity you identify with.*

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian – Laotian | <input type="checkbox"/> Hispanic/Latino – Caribbean |
| <input type="checkbox"/> Other Black _____ | <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Hispanic/Latino – Other _____ |
| <input type="checkbox"/> Asian - Chinese | <input type="checkbox"/> Other Asian _____ | <input type="checkbox"/> Middle Eastern – Arab |
| <input type="checkbox"/> Asian - Japanese | <input type="checkbox"/> Caucasian/European | <input type="checkbox"/> Middle Eastern – Iranian |
| <input type="checkbox"/> Asian - Korean | <input type="checkbox"/> Other European | <input type="checkbox"/> Middle Eastern – Other |
| <input type="checkbox"/> Asian - Thai | <input type="checkbox"/> Hispanic/Latino – Mexican | <input type="checkbox"/> Pacific Islander - Guamanian |
| <input type="checkbox"/> Asian – Vietnamese | <input type="checkbox"/> Hispanic/Latino – South America | <input type="checkbox"/> Pacific Islander- Tongan |
| <input type="checkbox"/> Asian – Cambodian | <input type="checkbox"/> Hispanic/Latino – Central America | <input type="checkbox"/> Pacific Islander – Hawaiian |

Pacific Islander - Samoan

Native Alaskan

Other _____

Native American

Multiracial

Decline to State

Home Language *Please check the main language spoken in your household*

English

Korean

Tagalog

Arabic

Laotian

Toishanese

American Sign Language

Mandarin

Vietnamese

Cambodian

Russian

Other

Cantonese

Samoan

Japanese

Spanish

School Schedule

Please write in any weekly commitments you will have this school year (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

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?

How did you hear about the program? Please name who ever referred you.

Motivation Questions

Please answer the motivation questions to the best of your ability. Type (preferred) or neatly print your answers in blue or black ink. Complete answers should be three sentences minimum per question.

1. Why do you want to be in MYEEP?
2. Imagine you could give a superpower to someone else in your family. What would it be and why?
3. What skills are you hoping to learn?
4. 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** _____

MYEEP Media Release

By signing below, I am authorizing MYEEP and its affiliates to use any photos, video, and/or images that may include my child as well as permission to interview and use quotes, 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, program work, interviews, 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** _____

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 school year.
- I am aware that I will be expected to exhibit professionalism, punctuality, and responsibility throughout the program.

Youth Signature _____ **Date** _____

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Workers Compensation Medical Provider Network Waiver

Workers Compensation Medical Provider Network Waiver

As an employee of the Japanese Community Youth Council (JCYC), Workers Compensation Insurance is provided to you if you are injured while working at your MYEEP job. In California, you have the right to pre-designate in advance of any work-related injury, a personal physician who you have received services from before and who is willing to sign an agreement to provide medical care for work-related injuries.

This form documents that you DO NOT want to pre-designate a provider. If you would like to pre-designate a personal physician (must acquire their signature on a separate form), please contact your Coordinator for the form.

Sign Below to allow MYEEP to follow its standard procedures:

I, the undersigned employee, waive my right to pre-designate a personal physician and understand that I will be referred to a physician that is part of the California State Fund Medical Provider Network.

Participant Name (Printed)

Participant Signature

Date

Parent/Guardian Signature

Date

Consent to and Direction for Treatment of Minor

If you are injured on the job and require professional medical attention you may be taken to either Kaiser Permanente Occupational Health Center or the Kaiser Emergency Room.

The *Consent To And Direction For Treatment of Minor* form (on back) allows the MYEEP participant to be treated by Kaiser Permanente with out a Parent/Guardian being present. Signing the form means you consent to you child receiving treatment in the case that a Parent/Guardian is not present.

INSTRUCTIONS- To complete the form fill out the following:

- Write your child's name in the line title RE:
- Enter date of birth
- If your child is a Kaiser member write in their medical record number. If they are *not* a Kaiser member leave that line blank
- Sign, specify relationship and date

If you have any questions about the form please call MYEEP central office at 415-202-7903



KAISER PERMANENTE

Kaiser Foundation Hospitals
The Permanente Medical Group, Inc.

CONSENT TO AND DIRECTION FOR TREATMENT OF MINOR

TO: The Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the doctors, nurses, and members of the medical staffs thereof.

RE: _____, a minor.

Date of Birth _____ Medical Record No. _____

I, (We), being the parent(s) or guardian(s), entitled to the care, custody and control of the aforesaid minor, do hereby authorize, request and direct you and each of you to render such treatment to said minor as in your judgment is advisable.

It is contemplated that the above minor may from time to time appear at your hospitals, clinics, offices and facilities for examination or treatment, or both, unaccompanied by an adult, because of my (our) absence or unavailability.

I, (We), understand that the physicians, nurses or administrators may deem it advisable that a parent or guardian or other authorized adult be present with said minor for the purpose of assisting in the diagnosis or treatment. I, (We), agree to cooperate by being present with said minor at all times possible or when requested.

This consent will be in effect until it is terminated by written notice received by the Physicians of The Permanente Medical Group, Inc. at the Hospital or Medical Office location(s) where the original consent has been filed.

X _____
SIGNATURE

X _____
SPECIFY RELATIONSHIP

X _____
SIGNATURE

X _____
SPECIFY RELATIONSHIP

Dated: _____, 20 _____

Kaiser Permanente
Occupational Health Center
601 Van Ness Avenue
Suite 2008
San Francisco, CA 94102

NOTE: This form should be completed for each minor in the family and filed with the Chart Room Supervisor at the Kaiser Foundation Hospital or Permanente Clinic where you expect services to be rendered.



MYEEP

Emergency Contact & Medical Authorization Form

★ PLEASE BRING THIS FORM TO ALL OFF SITE FIELD TRIPS ★

PARTICIPANT INFORMATION

First Name _____ M _____ Last Name _____

Address _____ San Francisco, CA 94 ____ - ____ - ____
____ - ____

PARENT/ GUARDIAN CONTACT INFORMATION

Parent/Guardian _____ Parent/Guardian _____

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:
 - General office line 415-202-7903
 - Alvin Woo, Workforce Director 415-202-7914
 - Zafiro Joseph, Communications Coordinator 415-202-7944
 - Phily Truong, Operations Coordinator 415-202-7950
- 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