The Mayor’s Youth Employment & Education Program (MYEEP) provides job readiness training, worksite placement, academic support, and leadership opportunities to SF youth.

A Counselor-in-Training (CIT) collaborates with 30 other CITs from all over the city to build skills as youth employment leaders. As a CIT, you will work with a MYEEP Coordinator to run workshops that focus on improving the life, job, and academic skills of youth in your community. You will attend CIT workshops and field trips that focus on your growth and development.

**Duties and Responsibilities:**
- Facilitate job readiness and life skills workshops
- Attend weekly leadership trainings and build community with other youth leaders from all over the city
- Support partnerships between youth participants and their worksites
- Provide input and perspective as MYEEP makes program changes
- Chaperone MYEEP events
- Manage participant files

**Qualifications:**
- Enthusiasm and a willingness to learn all aspects of CIT responsibilities
- Commitment to becoming a leader/role model in the program, to continuous learning, working as a team, and finishing all projects to the best of your ability
- Commitment to remain a CIT for the entire year from June 2020 to June 2021

**Eligibility:**
- Resident of San Francisco
- Enrolled in school or GED Program
- Must work towards a minimum GPA of 2.5
- Must be a Sophomore, Junior, or Senior for the 2020 – 2021 school year
- Attend all CIT Workshops (see Timeline) and **Retreat from 8/2 – 8/6**

Must be legally eligible to work in the U.S. and obtain a work permit.

**Application Due:**
Friday, April 10th
By 5:30pm
CIT MYEEP Program Overview

Program Structure

**Compensation**
CITs will earn an hourly wage of $17.00

**Timeline**

*All CITs must attend Work Doc Day at JCYC 2012 Pine Street on May 26th at 4:30pm until 6:30pm*

Summer (June – Mid-August)
- CITs will work 20 hours per week
- CITs will attend 2 workshops a week with Youth Development Coordinator (YDC) and Project Coordinators (PCs) to focus on developing their facilitation and leadership skills
- CITs will attend a summer leadership retreat at UC Santa Cruz from August 2nd – 6th

Fall (Mid-August – December)
- CITs will work a maximum of 10 hours per week
- CITs will attend 1 professional development workshop a month with YDC and PCs
- CITs will facilitate 2-3 workshops a week with their coordinator at their agency

Winter/Spring (January – May)
- CITs will work a maximum of 10 hours per week
- CITs will attend 1 professional development workshop a week with the YDC and PCs
- CITs will facilitate 1 workshop a week with their coordinator and support the management of the MYEEP program at their agency
- CITs will attend and in some cases, chaperone the following MYEEP events: **MYEEP in SF (February)**, **University Day (April)**, **Cherry Blossom Festival Fundraiser (April)**, **MYEEP Participant Graduation & MYEEP CIT Graduation (May)**

**ACADEMIC REQUIREMENTS AND SUPPORT**

**CITs are required to maintain a 2.5 GPA while they are in the program.** This is to ensure that CITs are prioritizing their education and setting a good example for their participants. **If a CIT starts the program with a GPA that is lower than 2.5, they will have to demonstrate that they are working towards raising it.** CITs must submit their report cards or Academic Check-Up sheets if requested. Their agency Coordinator or the YDC may place the CIT on an Academic Contract, which means that they may be required to attend tutoring in order to stay in the program. Their agency Coordinator will assist the participant in finding suitable, free tutoring services through MYEEP’s partnerships with SFUSD schools and other tutoring providers.
**Application Submission**
Documents, Rules and Interview Process

**TO APPLY ➔ Please fill out this application and submit the following items**

**FORMS**
*Please fill out the following forms in BLUE & BLACK ink and double check that all signature lines are signed*
- [ ] Personal Identification Form (Demographics, Family income info, Ethnicity, & Home Language)
- [ ] Interview, School, and Agency Worksheet
- [ ] Parental Consent Form
- [ ] Emergency Contact & Medical Authorization Form

**COMPLETE & ATTACH**
- [ ] A copy of your most recent school transcript
- [ ] A copy of your Photo ID (can be a school ID, California ID, Passport, or Permanent Resident Card)
- [ ] A Resume with 3 References (Please include reference e-mail, phone number, and position title)
- [ ] A Cover Letter that *introduces yourself, explains why you want to be a CIT and why you are qualified*
- [ ] Typed response to essay questions

**Submission Rules**

- **CURRENTLY IN MYEEP:**
  - Turn in a paper application to your agency Coordinator by **5:30pm on Friday, April 10th**
- **NEW to MYEEP:**
  - Turn in paper application to Maricar Bamba, the Youth Development Coordinator (YDC) at MYEEP Central Office at 2012 Pine Street, San Francisco, CA 94115 by **5:30pm on Friday, April 10th**.

- 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, you may contact Maricar Bamba, the Youth Development Coordinator at (415) 697-9245 as soon as possible.
- Once all applications have been received, we will review and call qualified applicants in for an interview.
Interview Process

1. **First round interviews** will be conducted at the agency you applied to work for. The coordinator will contact you to set up an individual interview.
2. **Second round interviews** will be conducted as group interviews with the Youth Development Coordinator (YDC) during May 4th, 2020 – May 8th, 2020
3. Your MYEEP Coordinator will notify hired CIT applicants by Monday, May 11th. Interviewed applicants who are not accepted will be notified by Friday, May 15th.

Short Answer/Essay Questions:
Please attach a separate typed document with your responses (minimum of 5 sentences) that answers these three questions.

1) An important part of being a leader is a commitment to learning and improving one’s self. Please name two challenges or areas of growth you need to work on and how you have or plan to address it?

2) As a CIT, you will have the opportunity to substantially impact MYEEP as well as its participants for the better. What is an issue or topic in your community, school, and/or family that you are passionate about and how would you share this passion with your participants?

3) As a CIT you are committed to work 20 hours a week in the summer, and 10 hours a week during the school year. How will you maintain your grades for the school year? What is a goal you have after high school?

4) MYEEP’s mission is to provide job readiness training, work experience, academic support, and personal development to San Francisco youth that experience barriers to employment (such as no previous job experience, poverty, disability, family responsibilities, language, etc.). Please choose one scenario from below and explain how you would support and motivate a participant to succeed in MYEEP that is experiencing one of the situations below:
   a. A MYEEP participant tells you they are thinking about leaving the program because they have to take care of their grandmother
   b. A participant in the program continuously distracts others in MYEEP workshops and doesn’t seem to care about being there
### Personal Identification

Please print neatly and use BLUE or BLACK ink

<table>
<thead>
<tr>
<th>Legal First Name</th>
<th>Legal Middle Name</th>
<th>Legal Last Name</th>
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<tr>
<th>Chosen/Preferred Name</th>
<th>Date of Birth (Month-Day-Year)</th>
<th>Age</th>
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<tr>
<th>Home Address</th>
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<tbody>
<tr>
<td>SF, CA 94 ___ ___</td>
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<table>
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<tr>
<th>Home Phone #</th>
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<tr>
<td>(415) ___ ___ <em><strong>-</strong></em> ___ ___</td>
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<th>Cell Phone #</th>
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<th>Email Address</th>
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<th>Permanent Resident # (if applicable)</th>
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<td>___ <em><strong>-</strong></em> ___ <em><strong>-</strong></em> ___ ___</td>
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### Demographics

<table>
<thead>
<tr>
<th>Have you been a MYEEP intern before?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Have you ever applied to MYEEP before?</td>
<td>Yes</td>
<td>No</td>
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</table>

<table>
<thead>
<tr>
<th>Have you ever had a job before?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Was it in the last 3 months?</th>
<th>Yes</th>
<th>No</th>
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<th>If yes, how much were you paid?</th>
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<tr>
<th>Name of School</th>
<th>Current GPA</th>
<th>Current Grade Level</th>
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<tr>
<th>High School Graduation Date</th>
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<tbody>
<tr>
<td>Month ___/Year ___ ___</td>
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<tr>
<th>Activities (Sports, Clubs, Church, Programs)</th>
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<tr>
<th>Gender</th>
<th>Female</th>
<th>Male</th>
<th>Non-Binary</th>
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<tr>
<th>Do you identify as Transgender?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>English Proficiency</th>
<th>Fluent</th>
<th>Somewhat Fluent</th>
<th>Not Fluent</th>
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<tr>
<th>Other (check all that apply)</th>
<th>Disabled</th>
<th>LGBTQ</th>
<th>I financially support my family</th>
<th>I am a parent</th>
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<tr>
<th>Do You Have an Individualized Education Program (IEP)?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Reason for IEP</th>
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<tr>
<th>Juvenile Justice</th>
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<tr>
<th>I have a Probation Officer</th>
<th>Name</th>
<th>Phone</th>
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<tr>
<th>Case Management</th>
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<tr>
<th>I have a Case Manager</th>
<th>Name</th>
<th>Phone</th>
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<tr>
<th>Living Situation (Please Check All That Apply)</th>
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<tr>
<th>Family</th>
<th>Single Parent Household</th>
<th>Foster Home</th>
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<tr>
<th>Group Home</th>
<th>Homeless</th>
<th>Self-Support</th>
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</table>
Family Income Information

PLEASE HAVE YOUR PARENT OR GUARDIAN ASSIST YOU WITH THIS SECTION

Does anyone in the household receive the following (Please Check All That Apply):

☐ TANF  ☐ Food Stamps  ☐ GA  ☐ Medi-Cal  ☐ SSI  ☐ Public Housing  ☐ CalWorks

How many family members live in your household? ______

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

Ethnicity

Information provided in this section will not affect your application status.
Please indicate the ethnicity you identify with.

☐ African American  ☐ Other Black (please specify) ______________________

☐ Asian -- Chinese  ☐ Asian -- Filipino  ☐ Asian -- Indian

☐ Asian -- Japanese  ☐ Asian -- Korean  ☐ Asian -- Laotian

☐ Asian -- Thai  ☐ Asian -- Vietnamese

☐ Asian -- Other (please specify) ______________________________________

☐ Hispanic/ Latino -- Mexican/Mexican American  ☐ Hispanic/ Latino -- Central American

☐ Hispanic/ Latino -- South American  ☐ Hispanic/ Latino -- Caribbean

☐ Hispanic/ Latino -- Other (please specify) _____________________________

☐ Middle Eastern -- Arab  ☐ Middle Eastern -- Iranian

☐ Middle Eastern -- Other (please specify) ______________________________

☐ Pacific Islander -- Guamanian  ☐ Pacific Islander -- Hawaiian

☐ Pacific Islander -- Tongan  ☐ Pacific Islander -- Samoan

☐ Pacific Islander -- Other (please specify) _____________________________

☐ Native American  ☐ Native Alaskan

☐ European American  ☐ European Other (please specify) ______________________

☐ Multiracial/Multiethnic  ☐ Other (Please Specify) _________________________

☐ Decline to State

Home Language

Please identify the main language spoken at home.

☐ English  ☐ Spanish  ☐ Cantonese  ☐ Japanese  ☐ Korean

☐ Laotian  ☐ Mandarin  ☐ Samoan  ☐ Tagalog  ☐ Toishanese

☐ Vietnamese  ☐ Arabic  ☐ Russian  ☐ Khmer/Cambodian

☐ American Sign Language  ☐ Other (please specify)________________________
MYEEP Neighborhood Locations
Please select the following agencies that you wish to apply to and if selected can make it to by 4pm during the school year. [You may check off more than one]

- **Bayview, Hunters Point** - Young Community Developers at 1715 Yosemite Street
- **Bernal Heights, Outer Mission** - Bernal Heights Neighborhood Center at 515 Cortland Avenue
- **Chinatown, North Beach** - Community Youth Center at 1038 Post Street
- **Mission, Potrero Hill** - Horizons Unlimited at 440 Potrero Avenue
- **Oceanview, Merced, Ingleside – OMI-Balboa High School** 1000 Cayuga Ave, Room 28
- **Richmond** - Community Youth Center at 319 6th Avenue
- **Sunset** - Community Youth Center at 319 6th Avenue & 2400 Noriega Street
- **Tenderloin, SOMA** - Vietnamese Youth Development Center at 166 Eddy Street
- **Visitacion Valley** – APA Family Support Services at 50 Raymond Avenue, Room 28
- **Western Addition, Haight Ashbury** - Buchanan YMCA at 1530 Buchanan Street

**Group Interviews**
Interviews will be held at the following dates and locations below. Please check off all of the dates and times that you are available for an interview:

- **Tues, May 5th**
  4:30p – 6p
  JCYC Gym
  2012 Pine St.
- **Wed, May 6th**
  4:30p – 6p
  JCYC Gym
  2012 Pine St.
- **Thurs, May 7th**
  4:30p – 6p
  JCYC Gym
  2012 Pine St.

**SUMMER SCHEDULE** Please write in any weekly commitments you will have this summer (including summer school, sports, music, lessons, counseling, babysitting) and the time you are committed to attend. For example, write “Dance Team 4pm-6pm” or “Babysit my baby brother 3pm-4pm”

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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**SCHOOL YEAR SCHEDULE** What is the estimated time you get out of school each day for the 2020-2021 school year? Please write in any weekly commitments you will have this school year. For example, write “Dance Team 4pm – 6pm” or “Babysit my baby brother 3pm – 4pm”

<table>
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<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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Parental Consent

This page contains three different and distinct permission requests. Please review each section. Authorization to release school student records as well as permission to participate in MYEEP is required.

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 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, you are authorizing MYEEP and its affiliates to use any pictures or video that may include your child as well as any caption or names associated with the activity. MYEEP regrets that it 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. MYEEP/JCYC regrets that it cannot offer financial compensation for use of these photos.

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 ______________

Permission to Participate in MYEEP

By signing below, you are acknowledging the following:

- You are aware of and consent to your child’s participation in the Mayor’s Youth Employment and Education Program (MYEEP)
- You consent to your child’s participation in evaluations of the program
- MYEEP may contact you regarding your child’s participation

Parent/Guardian Signature ___________________________________________ Date ______________
PARTICIPANT INFORMATION

First Name ___________________ M ___________ Last Name ___________________

Address ______________________ San Francisco, CA 94 __ __ Date of Birth __ - __ - ________

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 their 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 youth 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:
  o Kaiser Occupational Health Clinic at 601 Van Ness Avenue, Opera Plaza, Mezzanine Level, Suite 2008 (closes at 5pm)
  o 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 young person’s MYEEP Coordinator and/or Youth Development Coordinator
• If you are unable to reach them, please call MYEEP Central Office at any of the numbers below:
  o Melissa Tang, Associate Director 415-202-7943
  o Alvin Woo, Director 415-202-7914
  o Maricar Bamba, Youth Development Coordinator 415-202-7945 or 415-697-9245
  o Analis Ibarra, Communications Manager 415-202-7944
• 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:
  o Date
  o Time injury occurred
  o Details of the injury (left arm, right thumb, etc.)
  o Where was the youth taken
• You may be contacted after the incident to provide the details of the injury to a MYEEP Staff Person
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.

CHECK THE BOX 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 without a Parent/Guardian being present. Signing the form means you consent to your 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
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__

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.
Thank you for applying to the Counselor in Training Position!

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

Stay Connected with MYEEP

WWW.MYEEP.ORG  FACEBOOK.COM/MYEEP  IG: @MYEEPSF

IF YOU HAVE ANY QUESTIONS ABOUT THE MYEEP PROGRAM OR THE CIT PROGRAM, FEEL FREE TO REACH OUT TO THE YOUTH DEVELOPMENT COORDINATOR, MARICAR BAMBA AT MBAMBA@JCYC.ORG