MYEEP Mission

As a collaborative of non-profit organizations, the mission of the Mayor’s Youth Employment & Education Program (MYEEP) is to provide job readiness training, work experience, academic support, and personal development to San Francisco youth challenged in their attempt to access employment.

What is a PC?

A Project Coordinator (PC) is the leader of the leaders that runs the Counselors-in-Training (CIT) youth leadership program. There is usually a team of 2-3 PCs per year. As a PC, you will work with the Youth Development Coordinator (YDC) to serve as a role model for and develop the leadership skills of 30 youth from all over San Francisco. You will learn the ins and outs of how to run a youth employment program and how to design various workshops/retreats that focus on improving the life, job, and academic skills of your youth leaders. This is a unique opportunity to become a leader in your community, build long lasting relationships with youth from all over the city, and help shape the MYEEP experience for program participants.

Job Description

General Duties and Responsibilities

- Commitment to be a PC for 1 year from June 2020 to June 2021 at MYEEP’s Main Office [2012 Pine Street SF, CA]
- Commitment to the mission of MYEEP, PC, & CIT Program, including becoming a role model in the program and finishing all projects to the best of your ability
- Collaborate with the YDC and fellow PCs to develop, facilitate, and evaluate youth leadership trainings
- Design and facilitate MYEEP Youth Leadership Retreat from Aug 2nd to Aug 6th at UC Santa Cruz
- Event planning & program management of CIT Holiday Party and CIT Graduation
- Commitment to step outside of your comfort zone and engage in new conversations with youth from diverse backgrounds
- Ability to work BOTH in a team and independently
- Develop an understanding and knowledge base of social justice issues that support youth leadership

Application Due
Friday, April 3rd
By 5:00pm
# Job Description per Season (tasks may change)

## Summer Season:
- Plan & Facilitate all CIT Summer Workshops
- Plan CIT Retreat which is held at UC Santa Cruz
- Guide CITs through Inside Out Project

## Fall Season:
- Guide CITs through HATCH Project
- Agency Visits to Observe CITs and their facilitation
- Plan Holiday Party, Submit Proposal

## Spring Season:
- Create Your Own Workshop(s)!
- Attend all MYEEP Events
- Facilitating CIT Portfolios
- Plan CIT Graduation

### Compensation
PCs will earn an hourly wage of $17.75

### Eligibility
- Resident of San Francisco
- Enrolled in school or GED Program
- Must work towards a minimum GPA of 2.5
- Have taken on a leadership role before in school, sports, club, and/or family
- Must be a Junior, Senior, or First Year College Student in SF for the 2020 – 2021 school year
- Must be legally eligible to work in the U.S. and obtain a work permit
- Attend all CIT Workshops (see Timeline) and CIT Retreat from 8/2 – 8/6

### Timeline
**Summer (June – Mid August)**
- PCs will work 20 hours per week
- PCs will attend and/or facilitate two workshops a week with the Youth Development Coordinator to focus on developing the leadership skills of the CITs
- PCs will attend and facilitate the summer leadership retreat at UC Santa Cruz from Aug 2nd – Aug 6th

**Fall (Mid August – December)**
- PCs will work 10 hours per week
- PCs will facilitate at least one professional development CIT workshop a month with the YDC
- PCs will plan fall events, such as the CIT Holiday party, and plan winter/spring CIT programming

**Winter/Spring (January – May)**
- PCs will work 10 hours per week
- PCs will facilitate at least one professional development CIT workshops a week with YDC
- PCs will focus on their own leadership growth by working on their action plans for life after MYEEP
- PCs will plan CIT Graduation and attend the following MYEEP events: **MYEEP in SF (February)**, **University Day (April)**, **Cherry Blossom Festival Fundraiser (April)**, **MYEEP Graduation (MAY)**
PC MYEEP Program Overview

HOW MUCH OF A COMMITMENT IS BEING A PC?
If you are involved in regular after school programs, clubs, or sports, it may not be possible to commit to the PC program. MYEEP requires that you meet your leadership responsibilities on a regular and consistent basis. Please review the timeline below that illustrates PC responsibilities throughout the year. You may only miss 3 workshops before being terminated from the program.

ACADEMIC REQUIREMENTS AND SUPPORT
PCs are required to maintain a 2.5 GPA while they are in the program. This is to ensure that PCs are prioritizing their education and setting a good example for the CITs. If a PC starts the program with a GPA that is lower than 2.5, he/she will have to demonstrate that they are working towards raising it. PCs must submit their report cards or Academic Check-Up sheets as requested. The YDC may place the PC on an Academic Contract, which means that they may be required to attend tutoring in order to stay in the program. The YDC 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)
- Individual & Mini Workshop Interviews Form
- 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 would like to be a PC and why you are qualified
- Typed response to essay questions
Submission Rules

• ALL APPLICANTS:
  Turn in paper application (in person) to Maricar Bamba, the Youth Development Coordinator, at MYEEP Central Office at 2012 Pine Street, San Francisco, CA 94115 by 5:00pm on Friday, April 3rd

• 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.

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

Interview Process

• PC Interviews include a question and answer session with the Youth Development Coordinator and other MYEEP staff. Then, the applicant will be asked to create and facilitate a Mini workshop for the second half of the interview (See Mini Workshop Criteria on next page)

• The YDC will notify hired and declined PC applicants by Monday, April 27th
Mini Workshop Criteria

You will be required to plan out a mini workshop for your interview. The Youth Development Coordinator, current Project Coordinators, and Central Office Staff members will be participants and evaluators of your workshop (about 4 – 6 people). Below are the following requirements for the workshop:

• **Choose a Topic:** Facilitation – Social Justice – Leadership – Community Building
  *Once you have chosen a topic above, design a mini workshop that focuses on that skill or subject*

• **Time:** 30 minutes

• **Materials to include:** Agenda, workshop objective(s), activity materials, and typed workshop curriculum

The Mini Workshop will be evaluated on the following:

- Preparation
- Clear Instructions
- Creativity
- Engagement/Energy
- Content

Short Answer/Essay Questions:

Please attach a separate typed document with your responses (minimum of 5 sentences) that answers these three questions.

1) As a Project Coordinator (PC), you are the “leader of the leaders”. You will be working with the Youth Leadership Coordinator to train and support MYEEP youth leaders. Can you define what leadership means to you and what type of leader you hope to be in the program?

2) As a PC, you will have an amazing opportunity to inspire and support your peers to grow. Please describe a time in which you went out of your way to help someone else (a family member, friend, co-worker, or stranger). Describe what you did and why you helped them?

3) As a PC, you will have the opportunity to design your own trainings and workshops. 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 other MYEEP youth leaders?
**Individual & Mini Workshop Interviews**

Interviews will be held any time between **3:00pm to 7:00pm** on the following dates below. They will be located at the Japanese Community Youth Council (JCYC) at 2012 Pine Street. **Please check off all of the dates you are available for an interview:**

- [ ] Monday, April 8th
- [ ] Tuesday, April 9th
- [ ] Wednesday, April 10th
- [ ] Wednesday, April 17th

**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”

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<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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**Additional Notes for Summer Schedule:**

**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”

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<tr>
<th>MONDAY</th>
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**Additional Notes for School Year Schedule:**
### 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>Adopted English Name (optional)</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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<tr>
<td>SF, CA 94 __ __ __</td>
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<tr>
<th>Home Phone #</th>
<th>Cell Phone #</th>
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<td>(415) ___ ___ ___ - ___ ___ ___</td>
<td>___ ___ ___ - ___ ___ ___ - ___ ___ ___</td>
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<thead>
<tr>
<th>Email Address</th>
<th>Permanent Resident # (if applicable)</th>
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<td>___ ___ ___ - ___ ___ ___ - ___ ___ ___</td>
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### Demographics

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<thead>
<tr>
<th>Have you been a MYEEP intern before? ( \square ) Yes ( \square ) No</th>
<th>Have you ever applied to MYEEP before? ( \square ) Yes ( \square ) No</th>
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<tr>
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<tr>
<td>Have you ever had a job before? ( \square ) Yes ( \square ) No</td>
<td>Was it in the last 3 months? ( \square ) Yes ( \square ) No</td>
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<td>Name of School</td>
<td>Current GPA</td>
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<th>Activities (Sports, Clubs, Church, Programs)</th>
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<td>Gender ( \square ) Female ( \square ) Male ( \square ) Non-Binary</td>
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<td>Do you identify as Transgender? ( \square ) Yes ( \square ) No</td>
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<tr>
<td>English Proficiency ( \square ) Fluent ( \square ) Somewhat Fluent ( \square ) Not Fluent</td>
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<tr>
<td>Other (check all that apply) ( \square ) Disabled ( \square ) LGBTQ ( \square ) I financially support my family ( \square ) I am a parent</td>
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<tr>
<th>Do You Have an Individualized Education Program (IEP)? ( \square ) Yes ( \square ) No</th>
<th>Reason for IEP</th>
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<tr>
<td>Juvenile Justice</td>
<td>Name ______________________________</td>
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<td></td>
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<tr>
<td>Case Management</td>
<td>Name ______________________________</td>
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<th>Living Situation (Please Check All That Apply)</th>
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<tr>
<td>( \square ) Family</td>
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<tr>
<td>( \square ) Group Home</td>
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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
- [ ] CalWorks
- [ ] Public Housing

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) _______________________
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 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, you are authorizing MYEEP and it’s 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 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:
  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 Participant’s MYEEP Coordinator
• If you are unable to reach the MYEEP Coordinator, 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
  o Zafiro Joseph, 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 with out 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 Project Coordinator Position!

Stay Connected with MYEEP

WWW.MYEPP.ORG  FACEBOOK.COM/MEEP  IG: @MYEEPSF