

2018 Career Exposure Summer Academy Application Information

Are you interested in being a part of the Career Exposure Summer Academy Program? The next step is to fill out a program application and follow the directions below! You CANNOT be a part of this program without completing an application and bringing it to ONE of the Career Summit Group Interviews.

Please make sure that you have the following available when you fill out the application:

- **Social Security number**
- **Student e-mail address (that you know the password to and check regularly)**
 - **Student ID number**
 - **Emergency Contact phone # (home and cell)**
- **Family Income (you must check the 1st or 2nd box to be eligible for the program)**
 - **Parent Signature**

You must BRING the following documentation when you come to turn in your application:
(copies of originals will be made and returned that day - copies are acceptable as long as they are legible)

- **Social Security Card**
- **School ID (from this year) or State ID**
 - **Most Recent Report Card**
 - **Birth Certificate**

Please bring your completed application (both sections) with all above supporting documentation to ONE of the following Career Summit Group Interviews:

**Saturday, 4/7, 9:00-11:30am OR
Monday, 4/9, 4:30-7:00pm**

at New Foundations Charter School, K-8 Building, 8001 Torresdale Ave., 19136

If for some reason you are unable to make it to one of the Career Summit Group Interviews, which are a mandatory part of the application process, please contact Ms. Tiffany **before** April 6th at tsearles@nfcs.k12.pa.us

STUDENTS MUST TURN IN THEIR OWN PAPERWORK AND ATTEND ONE OF THE CAREER SUMMIT GROUP INTERVIEWS. GROUP INTERVIEWS ARE INTENDED FOR APPLICANTS ONLY (NOT PARENTS). PAPERWORK WILL NOT BE ACCEPTED FROM PARENTS.

If you have any questions or concerns about the application or the supporting documentation needed when processing your paperwork, please contact Ms. Tiffany at tsearles@nfcs.k12.pa.us or (215)-624-8100 x 2310.



Career Exposure Model Application

Provider Code: C105

SECTION 1: ABOUT ME

Please print neatly. Indicate your responses to the questions with boxes using a or an . Please complete this application with as much information about you and your family as possible. We encourage you to write N/A (Not Applicable) for questions that do not apply to you or your family situation.

First Name: _____		Last Name: _____		MI: _____
Email Address: _____				
Social Security #: _____ - _____ - _____		Age*: _____	Date of Birth: ____/____/____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race/Ethnicity: (Optional) <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic/Black	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/White
Home Address: _____			Phone Number: (____) _____ - _____	
City: Philadelphia		State: PA	Zip Code: _____	
Emergency Contact: _____			Phone Number: (____) _____ - _____	
Relationship to You: _____			Cell Phone Number: (____) _____ - _____	

SECTION 2: SCHOOL INFORMATION	HOW DID YOU HEAR ABOUT THIS PROGRAM?
Student ID#: _____	<input type="checkbox"/> Teacher <input type="checkbox"/> School Counselor <input type="checkbox"/> Friend <input type="checkbox"/> Provider (a staff member at a provider organization) <input type="checkbox"/> Other: _____
Current School Name: _____	
Current Grade: _____	

SECTION 3: BACKGROUND AND FAMILY INFORMATION

Please indicate Family Size and Annual gross Salary/Wage using the chart below. First identify family size. Then, using a to indicate your response, select the income range for your family.

Family Size	Income Range	Family Size	Income Range	Family Size	Income Range	
1	<input type="checkbox"/> \$0 - \$10,831	3	<input type="checkbox"/> \$0 - \$24,363	5	<input type="checkbox"/> \$0 - \$35,495	If your family size is greater than 6, fill in your responses below: Number in family: _____ Annual Income: \$ _____
	<input type="checkbox"/> \$10,832 - \$ 28,529		<input type="checkbox"/> \$24,364 - \$48,833		<input type="checkbox"/> \$35,496 - \$69,137	
	<input type="checkbox"/> More than \$28,529		<input type="checkbox"/> More than \$48,833		<input type="checkbox"/> More than \$69,137	
2	<input type="checkbox"/> \$0 - \$17,752	4	<input type="checkbox"/> \$0 - \$30,075	6	<input type="checkbox"/> \$0 - \$41,507	
	<input type="checkbox"/> \$17,753 - \$38,681		<input type="checkbox"/> \$30,076 - \$58,985		<input type="checkbox"/> \$41,507 - \$79,289	
	<input type="checkbox"/> More than \$38,681		<input type="checkbox"/> More than \$58,985		<input type="checkbox"/> More than \$79,289	

ADDITIONAL QUESTIONS:

Answers to any of these questions will not affect your eligibility to participate in the Career Exposure Program.

Do you have any children? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or have you been a foster child? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please attach any special accommodations you may need while participating in this program.</i>	Have you ever been in placement or convicted of a criminal offense? <input type="checkbox"/> YES <input type="checkbox"/> NO	

*You must be between the ages of 12 and 15 yrs. to participate in the Summer program and between the ages of 12 and 18 yrs. to participate in the Year-Round Program.
Revised 1.31.2018

SECTION 4: MY INTERESTS (Think about these career pathways and select three that interest you. Placement in your area of interest is not guaranteed.)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Agriculture and Environmental Services | <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Healthcare, Life Sciences and Social Assistance | <input type="checkbox"/> Professional and Technical Services |
| <input type="checkbox"/> Architecture, Construction and Engineering | <input type="checkbox"/> Communications and Media | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Arts, Entertainment and Recreation | <input type="checkbox"/> Community Development and Support | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Retail Trade |
| | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Logistics |
| | <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Municipal Services | <input type="checkbox"/> Utilities |
| | | | <input type="checkbox"/> Law and Justice |

SECTION 5: VOLUNTEER & WORK EXPERIENCE (Share any volunteer and work experience you may have had previously)

Have you volunteered? YES No Have you worked? YES No If so, how many hours/week? _____ Rate of pay? \$____/hr
What kinds of things did you do? _____

APPLICATION CONTINUED ON NEXT PAGE

EQUAL OPPORTUNITY IS THE LAW

Please Read Carefully and Sign Below

I do hereby authorize Philadelphia Youth Network (PYN) and its agents and partners to make inquiries regarding my qualifications for the Career Exposure Program. I also grant permission to verify income information and, where necessary, to document my eligibility for services. I authorize the release of personal, financial, or academic information to PYN by organizations including, but not limited to: schools, employers, youth-serving organizations and government agencies (including the Department of Public Welfare) for the purpose of determining income and programmatic eligibility and by PYN to its agents and partners in the course of attempting to secure placement for me. I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification (including wage records and employment information) and that I may have to provide documentation to support the information provided. I am also aware that I will be immediately removed from my placement if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

WAIVER AND RELEASE

The Philadelphia Youth Network, Inc. (PYN) from time to time creates promotional and educational materials about PYN, its programs and WorkReady Philadelphia. In consideration of the opportunity to participate in the programs offered by the Philadelphia Youth Network, I hereby give permission to PYN, its employees, affiliates, representatives, contractors, agents and members of the media to interview, audiotape, photograph, videotape, film, or capture by any other electronic or other means my image and speech, and, within its absolute discretion, to release, disseminate, or use, in any manner it sees fit including publications and web pages, the resulting images and testimonials and any other information contained therein for the purpose of promoting the objectives of PYN, its programs and WorkReady Philadelphia.

I hereby release any and all actions and claims which I, my family members, my child, our heirs, executors or administrators may have against the Philadelphia Youth Network, Inc., its employees, affiliates, representatives, contractors, agents, successors and assigns, arising for any reason whatsoever from the use, publication, distribution, or republication of the words or images gathered for the purpose described above. I intend this to be a legally binding agreement.

BUCKLEY AMENDMENT: Consent for Release of Information

WorkReady Philadelphia programs are designed to provide participating youth with meaningful learning experiences, including preparation for the workplace and higher education opportunities, and success in school. So that we may ensure that our youth's needs be fully met, it is helpful to track their performance in school through grades, standardized tests, achievement levels, and other relevant records. Please read the following statement, and sign below to indicate that you agree to allow your/your child's school to release these records to the Philadelphia Youth Network (PYN) and its partners for use throughout the program.

I understand that the Buckley Amendment to the Family Education Rights and Privacy Act of 1974 guarantees that my/my child's academic record will not be discussed with or disclosed to any third party without my written consent. I hereby authorize officials of the School District of Philadelphia to release my/my child's educational records (limited to: standardized tests, graduation and promotion information, and copies of report cards) only to PYN and to any corresponding partner agency or agencies with which I/my child will be placed by PYN. This consent will last until I/my child is no longer enrolled in a PYN-sponsored activity or until I rescind this consent in writing.

I understand that this information will not be provided to any entity other than those indicated above. I understand that a record will be maintained in my/my child's educational records, indicating that the information was provided. I understand that I may acquire a copy of this record, as well as of any records provided to PYN, from the Philadelphia School District

Instructions: Please read above and sign below. Mark (x) the appropriate box below only if you DO NOT accept the above statements.

Printed Name of Participant: _____

Signature of Participant: _____ Date: ____/____/____

As a parent/guardian, I hereby grant permission for the above youth to participate in the youth program and any related activities. I also grant permission for the collection and release of information as specified above.

Parent Signature: _____

Date: ____/____/____

WAIVER AND RELEASE

I DO NOT give permission to PYN, its employees, affiliates, representatives, contractors, agents and members of the media to use your images or speech.

BUCKLEY AMENDMENT

I DO NOT agree to the terms of this release form.

APPLICATION CONTINUED ON NEXT PAGE

SECTION 6: ACKNOWLEDGMENT & SIGNATURE (Please read and sign below)

Here is some information about YOUR **CIVIL RIGHTS UNDER FEDERAL LAW**. The Philadelphia Youth Network is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and, for beneficiaries only, citizenship, or participation in federally funded programs, as amended in admission or access to, opportunity or treatment, in, or employment in the administration of or in connection with any federally funded activity. If you think that you have been subjected to discrimination under a federally funded program or activity, you may file a complaint within **180-days** from the date of the alleged violation with the Department of Labor and Industry's (L&I) Office of Affirmative Action (OAA), or you may file a complaint directly with the Director, Civil Rights Center (CRC), **U.S. Department of Labor, 200 Constitution Avenue, N.W., Room N-4123, Washington, DC 20210**. If you elect to file your complaint with the Office of Affirmative Action, you must wait until the Office of Affirmative Action issues a decision or until 60-days have passed, whichever is sooner, before filing with the CRC (see above address). If the OAA has not provided you with a written decision within 60-days of filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with CRC within 30-days of the expiration of the 60-day period. If you are dissatisfied with the OAA's resolution of your complaint, you may file a complaint with CRC. Such a complaint should be filed within 30-days of the date you receive notice of the OAA's proposed resolution. If you have any questions, regarding YOUR CIVIL RIGHTS, or to file a discrimination complaint, please contact: **The Department of Labor and Industry, Office of Equal Opportunity – Room 514, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, Pennsylvania 17120. Or Call (717) 787-1182 • 1-800-622-5422 • TDD 1-800-654-5984**. Also, a complaint can be filed by phone or in person at the local office. **U.S. Equal Employment Opportunity Commission, 801 Market Street, Suite 1300, Philadelphia, PA 19107-3127**. For general inquiries or to begin the process of filing a complaint of discrimination, call **1-800-669-4000**. *All complaints will be handled confidentially.*

Statement of Receipt

I hereby Certify that I have received, read and understand my rights under law and acknowledge this with my signature.

Youth Signature: _____

Date: ____/____/____



Career Exposure Summer Academy Permission Form 2018

Child's Name: _____

FAMILY INFORMATION:

Child lives with: Both Parents Mother Father Guardian Foster parent

Guardian 1 Name _____ Relationship _____

Home Address _____ City/State/Zip _____

E-mail _____ Phone: _____

Guardian 2 Name _____ Relationship _____

Home Address _____ City/State/Zip _____

E-mail _____ Phone: _____

EMERGENCY INFORMATION: (in addition to parents)

In the case of emergency, please contact the following first: Mother/Guardian Father/Guardian

If mother, father, or guardian cannot be reached, or person child can be released to:

Name _____ Relationship to child _____

Home # _____ Work # _____ Cell # _____

Name _____ Relationship to child _____

Home # _____ Work # _____ Cell # _____

DISMISSAL INFORMATION/PERMISSION:

At the end of the camp day, my child will (please check ALL methods you give permission for):

Take SEPTA Walk home Be picked up

The following people have permission to pick up my child: _____

ALLERGIES & MEDICAL INFORMATION:

Please list any allergies or medical conditions that affect your child so we can best support them:

MEDIA RELEASE:

During the summer, our program will hold events that the news media and the charter school may like to feature. Photos or video footage may be taken to highlight the event and featuring the faces of the Career Exposure Summer Academy. We value your child's participation; however, if you do not wish to have your child photographed or videotaped, please indicate by checking the box below and return your form with your child's enrollment form.

Check All That Apply:

- I give my permission to have the charter school feature my child's work (art, essays, etc.)
- I give my permission to provide credit to my child if his/her work is shown
- First Name Only First & Last Name
- I do not want my child photographed or videotaped

Child's name (please print)

Parent/Guardian's name (please print)

Parent/Guardian's signature

FIELD TRIP & TRAVEL PERMISSON:

By signing below, I give my child permission to attend Career Exposure Summer Academy sponsored field trips. I also give permission for my child to be transported by bus or van driven by a New Foundations Career Exposure Summer Academy Staff Member or by contracted bus services.

Parent/Guardian's name (please print)

Parent/Guardian's signature

Career Exposure Summer Academy 2018 Program Application Questions

1. Why are you interested in being a part of the Career Exposure Summer Academy Program?

2. Do you know what career you are interested in pursuing in the future? If so, what is it?

3. What do you hope to learn from participating in the Career Exposure Summer Academy?

4. The program will take place on the following dates from 8:30am-3:30pm:

*Week 1 - Tues 6/26-Thurs 6/28; Week 2 - M 7/2, T 7/3 & Th 7/5; Week 3 - Tues 7/10-Thus 7/12
Week 4 - Tues 7/17-Thurs 7/19; Week 5 - Tues 7/24-Thurs 7/26; Week 6 - Tues 7/30-Thus 8/2*

At this time, are there any dates that you will be unavailable? If so, when?



STATEMENT OF RECEIPT

PARTICIPANT PROCEDURES FORM

I hereby certify that I have received, read and understand the following procedures and policies in the Program Participant Handbook and acknowledge so with my signature.

- Programs Overviews and Guidelines (Participant Handbook pg. 3)
- Important Policies and Laws
 - Grievance Policy (Participant Handbook pg. 5)
 - Equal Opportunities and Civil Rights Policy (Participant Handbook pg. 6)
 - Participant Privacy and Confidentiality Policy (Participant Handbook pg. 6)
 - Participant's Release of Information Statement
 - Using Social Media
- Participant's Rights and Program Resources
 - Employee Rights (Participant Handbook pg. 7)
 - U.S. Department of Labor's "Youth Rules!" / Occupational Safety and Health Administration (Participant Handbook pg. 8)
 - Disclosure Statement for Employees as Required by the Child Protective Services Law (Participant Handbook pg. 9)*
 - Workers' Compensation Policy (Participant Handbook pg. 10)
 - Program and Workplace Conduct (Participant Handbook pg. 11)
 - Appropriate Attire (Participant Handbook pg. 12)
 - Getting Paid (Participant Handbook pg. 13)*
 - Timesheets and/or Incentive Plans (Participant Handbook pg. 14)

Applicant/Participant Printed Name

DOB

Applicant/Participant Signature

Date Signed

Note: This document must be retained in the Applicant/Participant file.

***Only applicable for youth who are responsible for the welfare of children or have routine interaction and direct contact with children**