



ANDRE WALLACE
Mayor

DEBBIE BURRELL-BUTLER, MBA
Executive Director

DENA T. WILLIAMS
Deputy Director

CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL- ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
HTTP://YOUTH.CMVNY.COM
FACEBOOK.COM/MVYOUTHBUREAU
PH (914) 665-2344 – (914) 665-2346 --FAX (914) 665-1373

2019 Fall After-School Youth Employment & Training Program Application

Complete the 2019 Fall After-School Youth Employment & Training Program application. **When returning the application, make sure all requested documents have been copied and attached forms are filled out COMPLETELY.** Applications will only be accepted on **Monday, September 30, 2019 through Friday, October 4, 2019 between the hours of 12:00 pm - 4:00 pm at the Youth Bureau, Room 306.** **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT IN THE PROGRAM. EMPLOYMENT IS VERY COMPETITIVE!**

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

1. RESUME
2. ATTESTATION FORM, PHOTO RELEASE FORM, & MEDICAL RELEASE FORM (completed by parent/guardian)
3. BIRTH CERTIFICATE OR CURRENT PASSPORT
4. SOCIAL SECURITY CARD
5. WORK PERMIT (14 -17 years old)
6. SCHOOL ID (Applicant must be in school) OR ANY GOVERNMENT ISSUED I.D.
7. LAST ISSUED REPORT CARD (4th MARKING PERIOD) - **NO progress reports will be accepted**
8. PROOF OF RESIDENCE (Parent's most current utility bill, phone bill, student's report card, parent's driver license, or learner's permit)
9. PROOF OF INCOME - parent's 2 most recent pay stubs from 2019; parent's 1040 (Tax Return); or a letter from parent's employer on company letterhead stating their annual income and the number of years the parent has been employed by the company. If you are receiving public assistance, please provide proof of benefits, ex. case makeup. **Additionally, you must provide a birth certificate, driver license or social security card as proof of the number of people who live in the household.** This is necessary for our funding source.
10. PROOF OF DRAFT REGISTRATION (For all males over the age of 18 years old). Please print verification from www.sss.gov
11. ALIEN REGISTRATION CARD/ GREEN CARD - **If you are not a U.S. citizen**
***** APPLICANT MUST BE A MOUNT VERNON RESIDENT*****

If you have any questions or concerns, please do not hesitate to contact the Mount Vernon Youth Bureau at 914-665-2344 during business hours 8:30 am – 4:30 pm, Monday - Friday.

ALL notifications regarding Youth Employment & Training Program will be made by phone or mail.



CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL- ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
HTTP://YOUTH.CMVNY.COM
FACEBOOK.COM/MVYOUTHBUREAU
PH (914) 665-2344 - (914) 665-2346 FAX (914) 665-1373



Completed applications will be collected by a Mount Vernon Youth Bureau staff member. Applicants will be interviewed at a later date for an opportunity to be employed during the 2019 Fall After-School Youth Employment & Training Program.

SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM. All information provided will be kept confidentially. ONLY A COMPLETED APPLICATION WITH THE REQUESTED DOCUMENTS ATTACHED WILL BE ACCEPTED. * Only one applicant will be employed per household, if selected.

Choose which of the following positions interests you the most (1) to the least (5).

Child Care (must be 16 or older) ___ Health Care ___ Maintenance ___ Office Work ___ Tutoring ___

1. Last Name ___ 2. First Name ___ 3. Middle (Int.) ___

4. Social Security Number ___ 5. Date of Birth ___/___/___ 6. Gender ___ Male ___ Female ___ 7. Age ___ 8. School ___ 9. Grade ___

10. Citizenship Status (Check One): U.S. Citizen ___ Permanent Resident Alien ___ Other ___ Alien # ___

11. Address: ___ 12. Apt. ___ 13. City: Mount Vernon 14. Zip Code: ___

15. Applicant's Contact #: ___ 16. Applicant's Email : ___

17. Name of Parent/Guardian: ___ 18: Contact #: ___ 19: Email: ___

20. Ethnicity (Circle One): American Indian; Pacific Islander ; Asian; White ; Black ; Hispanic/Latino ; 2 or more Races

21. Other than English, what other language(s) are you most comfortable speaking? ___

22. Current Educational Status: Middle School ___ HS ___ HS Graduate ___ College Student ___ GED Recipient ___ Left HS before graduating ___ Other ___ Explain, ___

23. Previous work experience? Yes ___ No ___ If yes, when? ___ Where? ___ Were you denied an employment opportunity at the Mount Vernon Youth Bureau in 2019 ? Yes ___ No ___

24. Check all that apply to the applicant: Disabled ___ Foster Care ___ Homeless ___ Runaway ___ Juvenile Justice System ___ Parenting Youth ___ Served in Military ___ Have a incarcerated Parent (s) ___

25. Is the applicant or applicant's family currently receiving public assistance? Yes ___ No ___ If no, skip to question 27.

26. Type of Public Assistance (Check all that apply): Food Stamps ___ S.S.I ___ S.S.D. ___ Child Support ___ Retirement or Pension ___ Family Assistance ___ Safety Net/Section 8 ___ Other ___ (Will need proof)

27. Annual family income (gross) \$ ___ .00 25. Total number of family living in the household ___

PARENTS: Would your child be interested in joining the Youth Bureau's VICTORY Volunteering program? ___

Applicant Signature Date

Parent/Guardian Signature Date



CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL- ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
HTTP://YOUTH.CMVNY.COM
FACEBOOK.COM/MVYOUTHBUREAU
PH (914) 665-2344 – (914) 665-2346 FAX (914) 665-1373



Applicant’s Attestation form Verifying Information Provided by Parent/Guardian for 2019 Fall After-School Youth Employment & Training Programs

I have provided all the requested information and documentation the Mount Vernon Youth Bureau has requested for my child’s participation in the 2019 Fall After-School Youth Employment & Training Program. My signature below attests that the information I have provided is both accurate and true to the best of my knowledge. I further understand that I am responsible for misrepresentation or any misinformation provided to the Mount Vernon Youth Bureau which may be grounds for immediate termination and/or other penalties if my child is selected.

Print Applicant’s Name

Signature of Applicant

Date

Print Parent /Guardian’s Name

Signature of Parent/Guardian

Date

Should you have any questions or concerns regarding the information in this form, contact the Mount Vernon Youth Bureau immediately at 914-665-2344.

“The City of Hope”



ANDRE WALLACE, MAYOR

DEBBIE BURRELL-BUTLER, EXECUTIVE DIRECTOR

CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL- ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
HTTP://YOUTH.CMVNY.COM
FACEBOOK.COM/MVYOUTHBUREAU
PH (914) 665-2344 – (914) 665-2346 FAX (914) 665-1373

MEDICAL RELEASE FORM – MINOR (APPLICANT)

I, **(Parent/Guardian Name)** _____ give permission to the City of Mount Vernon, NY to provide medical attention (first aid) to my child, **(Applicant/Minor’s Name)** _____ in the event that he/she is injured while volunteering for the City of Mount Vernon.

MEDICAL INFORMATION

Does your child have any drug, insect, food, etc. allergies? If yes, please explain.

Does your child have any illnesses or conditions CMV should be aware of that will prevent him/her from taking part in daily activities?

Is your child currently on any daily medications or use any medical devices? If so, please list and identify the purpose.

List two (2) people to contact in case of an emergency:

Name _____ Relationship _____ Telephone Number _____

Name _____ Relationship _____ Telephone Number _____

Minor’s Physician Name: _____ **Physician #:** _____

In case of injury, I hereby authorize chaperones/staff at their discretion to take my child to a doctor or hospital for emergency treatment or whatever service is deemed necessary. I also authorize any medical treatment in case of an emergency, and agree that I am responsible for the cost of such treatment. This form should remain on file at the worksite.

In the event that the minor, _____, causes any bodily injury or property damage by his or her negligence, the parent and/or legal guardian agrees to indemnify and hold harmless the City of Mount Vernon and its officers, agents and employees from any loss or expense arising out of the negligence of the minor.

Parent Signature: _____ Print Parent Name: _____

Date: _____ Telephone Number: _____ Work Number: _____



ANDRE WALLACE, MAYOR

DEBBIE BURRELL-BUTLER, EXECUTIVE DIRECTOR

CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL - ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
HTTP://YOUTH.CMVNY.COM
FACEBOOK.COM/MVYOUTHBUREAU
PH (914) 665-2344 – (914) 665-2346 FAX (914) 665-1373

PHOTO/VIDEO RELEASE FORM – APPLICANT/ MINORS

I, _____ hereby grant permission to the City of Mount Vernon Youth

(Parent/Guardian's Name)

Bureau to photograph film and/or video my child, _____.

(Applicant/ Minor's Name)

I understand photographs, film and/or video may be used in, but not limited to, fliers, brochures, newsletters, press releases, websites, social media or any other type of promotional medium existing now or in the future.

I further understand that by granting this permission, I am irrevocably giving up all rights and claims to monetary compensation for any future uses of this material by the City of Mount Vernon.

I do not wish for my child to be photographed, filmed, or videotaped by the City of Mount Vernon.

Signature of Parent/Guardian

Date

"The City of Hope"