



Summer Youth Program Application – Washington County

What is the Summer Youth Program?

An up to 9-week paid work experience designed to help young people learn and practice basic job skills.

Who Qualifies?

Eligible applicants must:

- Be at least 14 years old and less than age 22 by June 23, 2008.
- Live in Washington County.
- Have a low family income, a special need or be at risk.

How can I apply?

Complete the attached application and send it to:

Tree Trust – Attn: Summer
2350 Wycliff St., Ste 200
St. Paul, MN 55114

Job Information

Earn \$6.15 per hour and work about 20 hours per week from June 23 – August 22, 2008.

Landscape Crew Worker

- This job is 100% outdoors.
- A fully supervised team of 8 young people complete physically challenging projects like block retaining walls, timber staircases or trail maintenance in parks. This is a tough job with lots of rewards!
- Most crew workers will receive bussing from a local school to the work site, but some youth will report directly to work sites in the community.

Application Checklist

Each year we receive hundreds of applications. This is a first-come, first-served program and applications are released March 3. Please be sure your application is complete by using this checklist. Incomplete applications will not be considered and will be returned to the applicant. If you need help completing the application, call 651-644-5800.

- Did you complete all of the pages of the application?
- Did you and your parent or guardian sign the application on the bottom of Page 3?
- Did you have a teacher, counselor, or a social services professional complete Page 5?
- Did you include a copy of your Social Security Card*?.
- If you are not a U.S. citizen, did you include a copy of your work authorization documents?

*If you don't have a Social Security Card, contact the Social Security Office at 1-800-772-1213 to request one. We will accept (temporarily) a receipt showing that you have applied for one and process your application.

Income Information

Applicants with a verified disability need only answer Questions #3 and #4 of the Income Information section.

1. Do you and/or your parent or guardian receive any of the following types of public assistance?

If you answer yes to any part of Question 1 (A-D), attach a copy of a public assistance check/record or printout.

- | | | |
|---|------------------------------|-----------------------------|
| A. MN Family Investment Program (MFIP) or Temporary Assistance for Need Families (TANF) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. General Assistance (GA) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Refugee Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Food Stamps | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Do you (the applicant) receive SSI? Yes No

3. How many persons, including yourself, related to you by blood, marriage or adoption have been living in your house for the last 6 months? _____

4. What was your (the applicant's) personal income* for the last 6 months? _____

5. What was the total income* of the entire household for the last 6 months? _____

*Include as income: gross wages, net income from self-employment, rental property income, alimony, workers compensation, pensions, SSDI, OASI, interest and dividends.

*Do not include as income: any form of public assistance including SSI, child support, tax refunds, loans, unemployment compensation, foster child payments or HUD rental assistance payments.

Use of Your Data

Purpose: The purpose of this form is to tell you we may use the information from your application and participation in the program. It also tells with whom we might share this information and what will happen if you choose not to provide it.

I. Program Information

- We are asking for the information to help us decide whether you are eligible for the program and what other services you may need to become self-sufficient.
- We may use this information to prepare required reports, conduct audits, review eligibility and to find out how the program is helping you.
- We may share this information with staff for purposes of performing their official duties, with the Minnesota Department of Employment and Economic Development (DEED), and with federal, state and local welfare agencies.
- You are not required to provide this information, however, if you choose not to provide this information we may not know whether you are eligible for the program and may not be able to help you. Providing false information can lead to removal from the program.

II. Wage Detail Files

We may also use the information from wage records kept by the DEED to help us evaluate the program.

III. Social Security Number

You do not have to provide a Social Security Number to be *eligible* for our program. Federal Privacy Act and Freedom of Information Act dictates the use of the Social Security Number. We may use it for computer matches, program reviews and improvements and audits.

After you leave the program, the data will be kept until state and federal laws require that it be destroyed.

Parent Permission Statement

- I hereby give permission for my child to participate in activities of the Tree Trust Summer Youth Program.
- I further state that I have read this application and that it is accurate and complete to the best of my knowledge.
- I agree to provide, if requested, any documentation necessary to verify the information on this form. I also give my permission to my child's school to release test results and other information to Tree Trust as required for participation in the Employment Program to be released to Tree Trust for purposes of determining eligibility.
- I understand that completing this application does not guarantee that my child will be employed by Tree Trust.
- I understand that my child's name and/or photograph may be used to for publicity purposes and/or for recognition of my achievements. If you **would not** like you child's name and/or photo used in this way, please initial here. _____

By signing below, you attest that you have read, understand and agree with the information and statements within this application. Both the applicant and parent must sign below.

Youth application signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Verification Form – Washington County
To be completed by a school official
Return this form attached to the rest of the application

This form is used for eligibility and age verification and must be completed and signed by a person that has access to official records. **It may not be completed by a parent.**

Name of Applicant: _____

Date of Birth (from official school records): _____

Name of School: _____

Student Performance Information

Grade level* in READING: _____

Grade level* in MATH: _____

*Please provide the applicant's math and reading grade level based on the most recent test scores available. We recognize that many tests do not have a grade equivalent score, and in that case, provide your best estimate.

Student Eligibility/Risk Factors

Yes No Applicant has an Individual Education Plan and for a disability that may provide a barrier to applying for or holding a job. (The summer program is designed to assist such students).
 Unknown

Yes No Applicant is enrolled in an Alternative Learning Program
 Unknown

Yes No Applicant is enrolled in English as a Second Language or ELL courses.
 Unknown

Yes No Applicants educational attainment is one or more level's below peers.
 Unknown

Yes No Applicant is chemically dependent or parent is chemically dependent.
 Unknown

Yes No Applicant is experiencing significant academic or personal/family challenges.
 Unknown

Yes No Applicant is a potential or actual school drop-out.
 Unknown

Completed by:

Name (please print): _____

Signature: _____ Date: _____



Job Placement Form – Washington County

This sheet will be used to help us place you in a job. It is important for you to fill out the form completely and accurately.

General Information

Name: _____ Current Age _____

Address that you will be living at during the summer: _____

City: _____ Zip Code: _____

Home phone number (with area code): _____

Other phone number (with area code): _____

Parent/Guardian's Name: _____

Parent/Guardian's day phone number: _____ Cell: _____

Placement Information

1. For transportation planning, what is the name of the nearest middle/junior or high school that you could get to for pick-up?

2. Whenever possible, we try to place friends or youth that may share rides on the same crew. List the full name of a friend or ride-share partner you would like to work with this summer:

3. Do you have any special needs, special requests, or health conditions that we need to know to make sure we provide a safe work environment? Please describe:

