

Applicant name: _____

Date submitted: _____



Application Checklist and Program Information

Before submitting your application for review, please make sure you have completed the following:

- (1) Pathways Career Ahead Program Youth Application Form (p. 1-3)
- (2) Parent/Guardian Form (p.4)
- (3) Submit a copy of your high school **transcript** or most **recent report card**

Program Fall Cycle Dates: October 2 – December 8, 2017

Schedule

Week 1: Career Development Workshops
Week 2: Job Readiness Workshops
Week 3: Individual Check-In/Drop-in
Week 4: Job Readiness Workshops
Week 5: Practice Interview
Week 6: Job Bank & Work Environment Workshops
Week 7: Job Readiness Assessment
Week 8: Plan Ahead & Money Management Workshops
Week 9: Transition Check-In & Graduation Celebration

Eligibility

- Enrolled in High School (9th-12th) or in a GED Program (regardless of immigration status).
- Youth that attend high school in San Francisco or live in San Francisco
- No GPA requirement
- Seeking career awareness and job readiness training
- Looking for employment in San Francisco Bay Area
- Able to commit to a 9 week program

Youth who complete the program earn a **\$250 stipend** and **Enterprise membership**, which includes access to our Job Bank (year-round task-orientated jobs), summer internships, job shadows, college counseling, and Youth Council. For more information, visit EnterpriseforYouth.org/programs.

APPLICATION DEADLINE: Friday, September 15, 2017 by 5pm

Fill out an online application here:

EnterpriseForYouth.org/programs/pathways

Or download the PDF application and email to Chris Rubeo, crubeo@ehss.org

OR

You can submit your paper application by mail or in-person to:

Pathways Career Ahead Program
Enterprise for Youth
200 Pine Street, 6th Floor
San Francisco, CA 94104

QUESTIONS? Contact us:

Chris Rubeo
Pathways Program Coordinator
(415) 392-7600, Ext. 304
crubeo@ehss.org

You can also fax your application to:

(415) 392-7611

Be sure to include your full name on every page you fax and to send both sides of each page.

All applicants who submit COMPLETED applications will be notified by email of their status by September 22, 2017

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YOUTH APPLICATION FORM



Everything you include in this application will be confidential.

Date received: _____ By: _____

CONTACT INFORMATION	First Name		Last Name		
	Street Address		Email Address		
	City	State	Zip	Cell Phone Number ()	Home/Secondary Number ()
	Person to contact in case of accident or emergency:				
	Name	Relationship	Phone	Secondary Phone	
How did you hear about the Pathways Program?					
<input type="checkbox"/> We came to your school (e.g., tabling, flyer)		<input type="checkbox"/> Friend: _____			
<input type="checkbox"/> School Bulletin (e.g., School Loop)		<input type="checkbox"/> Family Member: _____			
<input type="checkbox"/> School Counselor: _____		<input type="checkbox"/> Enterprise's Website/Social Media			
<input type="checkbox"/> School Teacher: _____		<input type="checkbox"/> Other: _____			
BACKGROUND INFORMATION	Birthdate	High School	Graduation Year	Current GPA	
	____/____/____				
	Do you have an Individualized Education Program (IEP) or SPED Classes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied to Pathways before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year?		
	If yes, for what? _____		Have you applied to TWA (Gap/Old Navy Internship Program) before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year?		
	Primary language spoken at home:				
	<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Korean	Your knowledge of this
	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other : _____	Primary Language:
	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Russian	<input type="checkbox"/> Japanese	_____	<input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Read
	Country of Birth: _____		English Fluency:		
	Year Arrived to U.S. (if immigrated): _____		<input type="checkbox"/> Fluent <input type="checkbox"/> Somewhat fluent <input type="checkbox"/> Not fluent		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Decline to state		Sexual Orientation: <input type="checkbox"/> Straight <input type="checkbox"/> LGBTIQQ			
		<input type="checkbox"/> Decline to state <input type="checkbox"/> Other: _____			
Ethnicity (check all that apply):					
<input type="checkbox"/> African American	<input type="checkbox"/> Thai	<input type="checkbox"/> Hispanic/Latino - Other	<input type="checkbox"/> Hawaiian		
<input type="checkbox"/> Black - Other (specify): _____	<input type="checkbox"/> Vietnamese	(specify): _____	<input type="checkbox"/> Tongan		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian-American	<input type="checkbox"/> Arab	<input type="checkbox"/> Samoan		
<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian - Other (specify): _____	<input type="checkbox"/> Iranian	<input type="checkbox"/> Pacific Islander (specify): _____		
<input type="checkbox"/> Indian	<input type="checkbox"/> Mexican/Mexican American	<input type="checkbox"/> Middle Eastern - Other	<input type="checkbox"/> White		
<input type="checkbox"/> Japanese	<input type="checkbox"/> Central American	(specify): _____	<input type="checkbox"/> Multiracial/multiethnic		
<input type="checkbox"/> Korean	<input type="checkbox"/> South American	<input type="checkbox"/> Native American	<input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Laotian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Native Alaskan	<input type="checkbox"/> Declined to state		
<input type="checkbox"/> Guamanian					
Current Housing Status:					
<input type="checkbox"/> Permanent/Stable Housing	<input type="checkbox"/> Homeless - Shelter Emergency Housing	<input type="checkbox"/> Homeless - Staying with Friends/Family/ Doubled-up			
<input type="checkbox"/> Homeless - Transitional/Supportive Housing	<input type="checkbox"/> Homeless - Motel/Hotel	<input type="checkbox"/> Homeless - Unsheltered			

Please check all that apply to you. This responses will not affect your eligibility.

- | | |
|--|---|
| <input type="checkbox"/> Foster Care (currently) | <input type="checkbox"/> Involved in the juvenile justice system |
| <input type="checkbox"/> Teen Parent | <input type="checkbox"/> Academic probation (currently or formerly) |
| <input type="checkbox"/> Has lost a parent | <input type="checkbox"/> Recently evicted/At risk of eviction from your home |
| <input type="checkbox"/> Lives in a Multi-family home | <input type="checkbox"/> Affected by domestic violence or other means of violence |
| <input type="checkbox"/> Lives in a Group home (not living with parents) | |

EXTRACURRICULAR ACTIVITIES/VOLUNTEER/WORK

1. Have you ever volunteered or had a job before? If so, what kind of volunteering/work have you done? (Please include jobs where you worked for family members—for example, babysitting younger relatives.)

2. Have you ever participated in any of the following programs? (Check all that apply)

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> MYEEP | <input type="checkbox"/> Juma Ventures | <input type="checkbox"/> Boys & Girls Club | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SF YouthWorks | <input type="checkbox"/> Project Pull | <input type="checkbox"/> YMCA Youth Program | <input type="checkbox"/> None |

3. Please list any after-school activities in which you are involved. (Include sports, clubs, and groups you belong to.)

PROGRAM INTEREST

1. Tell us about a personal quality, accomplishment, or experience that is important to you. What about this quality, accomplishment, or experience makes you proud and how does it relate to the person you are?

2. The Pathways program is a 9-week program. Give us an example of how you have proven your dedication to an activity or program. (For example, in sports, at school, in your family, etc.).

SCHEDULING OPTIONS

Scheduling Options: Please select ALL schedules for which you are available.

- Mondays & Wednesdays, 4:30 – 6:30pm
 Tuesdays & Thursdays, 4:30 – 6:30pm
 No Preference (available Mondays – Thursdays)

If you are not available for any of the above schedules, please explain why you are not able to attend workshops on those days. Please be specific (e.g. other commitments like tutoring, sports, other programs, taking care of a sibling)

Do you have any friends and/or relatives applying to Pathways? Yes No

If yes, please provide their names:

I certify that this application is accurate, and I agree to abide by the Enterprise for Youth’s standards of conduct.

Applicant signature

Date (month/day/year)

FAMILY INFORMATION

Please complete this section with your parent/guardian. This responses will not affect your eligibility.

How many parents/guardians live in your primary household?	How many people live in your primary household (including your parents/guardians)?	Name of Parent/Guardian
Parent/Guardian’s address (if different)	Daytime phone number	Parent/Guardian’s Email Address
Highest level of education attained in the United States by either/both parent(s)/guardian(s): <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational/Associates Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Post-Graduate Degree	Gross family income (check the range you estimate is closest to what your family makes each year): <input type="checkbox"/> less than \$10,000 <input type="checkbox"/> \$10,000–\$29,999 <input type="checkbox"/> \$30,000–\$49,999 <input type="checkbox"/> \$50,000–\$74,999 <input type="checkbox"/> \$75,000–\$104,999 <input type="checkbox"/> \$105,000 or above	Please check all that apply to your family: <input type="checkbox"/> Child is eligible for free/reduced lunch program <input type="checkbox"/> Receiving food stamps <input type="checkbox"/> Living in public housing <input type="checkbox"/> Receiving public assistance/TANF <input type="checkbox"/> Receiving financial assistance at school

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PARENT/GUARDIAN FORM



Parent/Guardian: (If Applicant is under 18)

Your child/ward is applying to participate in the Pathways Career Ahead Program, a 9-week career awareness and job readiness program that prepares youth to the world of work. Enterprise for Youth empowers young people to prepare for and discover career opportunities. Youth cultivate their individual interests and potential through training, guidance, and employment experiences in supportive and diverse environments. For more information, please visit www.enterpriseforyouth.org/programs/pathways or call 415-392-7600 ext. 1.

If your child/ward is accepted to participate in the Pathways Program, we will ask that they abide by Enterprise for Youth's Pathways Career Ahead Youth Contract. Please sign below to indicate your consent to your child/ward's application and (upon selection) participation to the Pathways Program.

Parent/Guardian's Name (Please Print): _____

Parent/Guardian's Signature: _____ Date: _____

Enterprise for Youth's Terms of Participation

Photo Release

Enterprise for Youth (Enterprise) takes photographs and video of youth involved in Enterprise activities and uses materials written by youth during program activities. These images and writings may appear in our printed publications, newsletters, website, fundraising materials, outreach materials and email marketing. In addition, other organizations and companies will sometimes use Enterprise images in their publications or materials. Enterprise will never sell images of youth. Participation in this program irrevocably grants permission to Enterprise to use any images or writing that may include your child/ward's photo or quotations without financial compensation. If you prefer to NOT give permission to use your child/ward's photo or quotations, or if you have any questions, please contact Chris Rubeo at (415) 392-7600 ext. 304 or crubeo@ehss.org.

Job Bank

The Job Bank is a service provided by Enterprise for Youth to help youth and employers connect regarding possible employment opportunities. Enterprise will obtain information from prospective employers in order to complete a job posting, but Enterprise does not conduct a background check or any additional screening of potential employers. Parents/Guardians are encouraged to contact any prospective employer to obtain any information from that prospective employer. Except for those positions that Enterprise posts directly, Enterprise does not employ any of its Job Bank participants, and does not supervise, direct or control the youth's work in any manner. With the exception of positions posted directly by Enterprise, Enterprise is not responsible for and will not be liable for any tax payments or claims that a youth participant was misclassified as an independent contractor, any claim that Enterprise was an employer or joint employer of a student participant, any claims under any applicable employment-related laws, such as, without limitation, those relating to employment termination, employment discrimination, harassment or retaliation, as well as, without limitation, any claims for unpaid wages, withholdings, overtime pay, failure to provide meal and rest breaks, sick leave, holiday or vacation pay, worker's compensation benefits, unemployment benefits, or any other employee benefits.

Special Needs During Emergency

Enterprise collects information from applicants to identify those in need of special assistance in the event of an emergency evacuation from our offices, which are located on the sixth floor of a downtown office building located at 200 Pine Street. Check below if any of the statements apply to you (the applicant).

- I have limited mobility and will need assistance in an event of an emergency.
- My vision or hearing is impaired and I need assistance in an event of an emergency.
- I have limited cognitive abilities and need assistance in an event of an emergency.

If you checked any of the above, Enterprise will provide a copy of its Emergency Evacuation Plan to you and will require your guardian's written acknowledgment of, and consent to, Enterprise's Emergency Evacuation Plan prior to acceptance into an Enterprise program.