



Youth to Work (Y2W) Youth Internship Application

STUDENT INFORMATION

Application Date: _____

Last Name _____ First Name _____ Preferred Name _____

Physical Address (no PO Box) _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Date of Birth _____

Gender: _____ Are you or will you be a: Junior Senior Exiting Senior

• What tribe(s) do you identify with?

• Are you a returning participant? Yes No If yes, please list previous employer:

Youth Job Readiness Training is required for the Y2W Internship Program

• Select which date you want to attend: June 7-8, 2021 or June 28-29, 2021 June 30 - July 1

o Time: 9am-4pm (same time each date). Held virtually on Zoom.

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ Relationship _____

Primary Phone _____ Primary Email _____

WORK RELATED EXPERIENCE (PREVIOUS EMPLOYMENT, SCHOOL CLUBS, VOLUNTEERISM)

Employer (clubs, volunteerism, etc.)	Dates Employed	Position	Duties Performed
Name of Employer/Club: _____	From _____ To _____	_____	_____
Employer (clubs, volunteerism, etc.)	Dates Employed	Position	Duties Performed
Name of Employer/Club: _____	From _____ To _____	_____	_____

REFERENCE (Must list 1 reference /Do not include family members/Include at least one previous supervisor/teacher/counselor/clubs/church/sports)

NAME	PHONE NUMBER	EMAIL	OCCUPATION
_____	_____	_____	_____

Top 3 Career Interests/Areas of Interest

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EDUCATION

	SCHOOL NAME/ADDRESS	DATES ATTENDED	ADDITIONAL SCHOOL ACTIVITIES Ex. School Clubs, Student Council, Sports, etc.	EXPECTED GRADUATION DATE/DATE OF DIPLOMA RECEIVED
HIGH SCHOOL				
COLLEGE (EX. HOOP/ACE)				

OTHER SKILLS/QUALIFICATIONS (honors/membership/certification/CPR/office software/food handlers/etc.)

- Have you been convicted of a crime? Yes No If yes, please explain:
A conviction may not necessarily disqualify an applicant from employment. If "YES" please fully explain the circumstances and provide date.

- Please provide any additional information you feel may be helpful to us in considering your application and job placement, i.e. job restrictions/special needs/accommodations regarding health or disability of any kind.

STUDENT APPLICANT

I, _____ verify that answers given herein are true and complete to the best of my knowledge.
Please Print Name

I understand that false or misleading information given in my application or interview(s) may result in removal from the program. I understand, also, that I am required to abide by all rules and regulations of the Phoenix Indian Center and adhere to the weekly employment schedule when assigned. **I understand that the submission of my application does not guarantee employment.** I also understand and acknowledge that all communication will be between myself and the Phoenix Indian Center Youth Development Staff regarding all matters of the Y2W Program. I understand and acknowledge that any violation of code of conduct and any unprofessional behavior reported by my employer site may result in my removal from the Y2W Program.

Student Signature _____

Date _____

PARENT/GUARDIAN (Any applicant under the age of 18 requires a parental signature authorization below)

I, _____ acknowledge that my child is participating in a youth employment program that requires attendance,
Please Print Name

active participation and professionalism. I understand that it is the responsibility of my child to be accountable for turning in timesheets on time, picking up their pay check on time and that any violation of Y2W code of conduct or any unprofessional behavior may be subject to removal from the program. I understand that all communication will be conducted between my child and the Phoenix Indian Center Youth Development Staff regarding all matters of the Y2W Program.

Parent/Guardian Signature _____

Date _____