



Application

Sanford/Seminole County YouthBuild
2805 Carrier Ave #132
Sanford, FL 32773
Phone (407) 402-4289

No specific experience is required for a position with Seminole County YouthBuild. Your application is the first, and often the only, opportunity for you to say, "I can do this work; I really want this position." It's always a good idea to make a rough draft first, and then proofread it for spelling and grammar. Or, ask a friend, parent, or teacher to proofread it for you. Remember, when writing the final copy; do not fill out the application in pencil: always type or fill out an application like this in pen. Agencies like YouthBuild look for people who follow instructions, complete their own application neatly, and put real effort into the task by answering every question using complete sentences.

Name: _____ Date _____

Mailing Address: _____
Address City State Zip

Physical Address (if different): _____
Address City State Zip

County _____ Gender: _____

Phone Number(s): _____
Home Cell Other

Grade in school: ____ Total credits: ____ Last school attended: _____

Age: ____ Date of birth: _____ Social Security Number: _____

How did you find out about Seminole County YouthBuild? (Check all that apply)

____ Newspaper ____ Friend ____ Parent ____ Counselor ____ Teacher ____ Social Worker ____
Other ____

Background:

1. Do you have experience (either paid or unpaid)

Name of Company _____

Address of Company _____

Dates you worked there: From _____ To _____

What was the pay per week?

Job title _____

What kind of work did you do?

Supervisor's name and title: _____

Why did you leave? _____

Are you currently employed? Yes ____ No ____

If you answered yes, is your job: Full time _____ Part time: _____

If employed, current hourly wage rate: _____ Per Hour

Numbers of hours, on average, you work each week: _____

2. Have you ever been in another training program? Yes ____ No ____

If you answered yes, give name and location of program:

Dates you attended this program: _____

Did you complete the program? _____

Have you ever been involved with the criminal justice system? Yes ____ No ____

If you answered yes, please explain briefly on a separate paper. Yes ____ No ____

Positive answers do not always block an applicant from a position with the Corps.

Do you know how to drive? Yes ____ No ____

Do you own a car? Yes ____ No ____

Do you have a driver's license? Yes ____ No ____

Do you have a chauffeurs/commercial license? Yes ____ No ____

Have you ever been in the U.S. Military Service? Yes ____ No ____

If you answered yes, which branch? _____

Rank _____ Discharge _____ Dates _____

3. Are you willing and able to:

Lift up to 35 pounds? Yes ____ No ____

Participate in some form of high school or college education program? Yes__No____
Work on projects that require attention to detail? Yes__No____
Use safety equipment correctly? Yes__No____
Operate power tools safely? Yes__No____
Work under cold and hot conditions while performing work outside? Yes__No____
Have you had any construction or rehab experience? Yes__No____
Was it paid experience? Yes__No____
Please describe this experience:_____

What are you interested in doing for a career?_____

3 Limitations:

Do you have any physical conditions or limitations that may affect your ability to do this work? Yes__No__

If yes, what can be done to work with those limitations? Please explain_____

When was your last physical examination?_____

Narrative Questions (use a separate piece of paper if needed and attach)

4 Name 3 or more accomplishments you would like to reach in the next few years.

5 What is your greatest accomplishment so far? Why is this important to you?

6 Why do you want to join Seminole County YouthBuild?

7 Why should Sanford/Seminole County YouthBuild offer you a position in the YouthBuild program?

8. Attach a letter of recommendation from someone who is not a relative and does not live with you, who can speak about your ability to work and follow directions. Resumes are not required and are not to be used as a substitute for this application. You may, however, provide a resume and attach it to the end of this application.

I have the attached information about Sanford/Seminole County YouthBuild and understand that this position will involve hard work and working as a member of a team. Florida State Law prohibits the use or possession of tobacco products by anyone under the age of 18. If offered a position with Sanford/Seminole County YouthBuild, I agree to comply with this law and also agree to refrain from the use of alcohol and other illegal drugs during my entire period of membership. I understand Seminole County YouthBuild projects may be highlighted in the media---I will sign the photo release form. Seminole County YouthBuild provides quality tools and equipment. If I break a tool on purpose, I will pay for a replacement. If selected for the program, I understand I will be required to submit to a drug test.

I certify that all of the statements made in this application are true to the best of my knowledge.

Applicant Signature

Signature of Parent or Legal Guardian

**Sanford/Seminole County YouthBuild
Medical History**

Note: The purpose of this data is to safeguard the health, safety and welfare of the enrollees of this youth corps program. This information may be provided to a physician in the event that treatment is necessary. This information may be provided on a voluntary basis. Failure to complete this form however, results in exclusion from the corps program.

Name:	Parent or Guardian Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Home phone:	Home phone:
Cell or Work Phone:	Cell or Work Phone:
Social Security Number:	Emergency Contact:
Date of birth:	Emergency Contact Phone:

Diseases (Please enter X if you have had any of the following)

Rheumatic Fever ___ Tuberculosis ___ Diabetes ___

Describe treatment if you checked a disease _____

Have you had, or are you having, any of the following health problems? Please enter X if you have had any of the following.

<u>Allergies</u>	<u>Other Health Problems</u>	
Hay Fever_____	Convulsions_____	Arthritis_____
Asthma_____	Fainting Spells_____	Difficulty w/balance____
Poison Oak/Ivy_____	Frequent Headaches_____	Defects in legs/feet____
Other_____	Emotional Problems_____	Chest pains_____
	Poor Hearing_____	Back Pain_____
<u>Frequent Infections</u>	Poor Vision_____	Loss of Weight_____
Colds_____	Painful Joints_____	Other_____
Sore throats_____	Easy Fatigue_____	Identify:
Bladder_____	Persistent Cough_____	
Intestinal_____	Pregnancy_____	
Hernia_____	Blood not Clotting_____	
	Shortness of breath_____	

If you checked any health problems, please describe treatment below:

Date of last Tetanus shot: _____

I will not hold the YouthBuild program responsible for any non-program related accident or illness, and I authorize first aid or emergency medical care to be performed at the nearest medical facility approved by the program. To my knowledge, I have not been exposed to a contagious or infectious disease in the past three weeks. I am in a state of health that would allow full participation in all YouthBuild activities.

Signature of Applicant

Date

This is to certify that I am familiar with the YouthBuild program and give my consent for my son/daughter/ward to participate in the program as a member. I will not hold the YouthBuild program responsible for any non-program related accident or illness, and I authorize first aid or emergency medical care to be performed at the nearest medical facility approved by the program.

Signature of Parent or Guardian

Date

REQUEST FOR STUDENT RECORDS

Sanford/Seminole County YouthBuild

2805 Carrier Ave #132

Sanford ,FL 32773

Office: (407) 402-4289

Request Records for

Name of Student: _____

Date of birth: _____ **Grade:** _____

Parent or Guardian: _____

Last school attended: _____

Last school address: _____

City: _____ **State:** _____ **Zip:** _____

Last school phone: _____ **Fax:** _____

Please mail the following records:

Cumulative File Special Ed Rec. Legal Files

Behavior Attendance Other

Immunization Transcripts _____

Please Fax the Following Records: _____

The above-named student withdrew from _____ School District
on: _____

Student Signature

Date

Parent Signature

Date

Sanford/Seminole County Youth Build Photo and Videotape Release Form

In consideration of my participation in approved activities of Sanford/Seminole County YouthBuild or activities related to approved programs of Sanford/Seminole County YouthBuild, I hereby authorize and grant permission to Sanford/Seminole County YouthBuild to photograph and/or videotape me while participating in approved activities of Sanford/Seminole County YouthBuild, or activities related to approved programs of Sanford/Seminole County YouthBuild, and to use, produce, reproduce, copy, publish, distribute, exhibit and/or incorporate, alone or together with other materials, in whole or in part, photographs, videotapes, or any other means of reproduction of my image, likeness and/or voice obtained as a result of my participation in approved activities of Sanford/Seminole County YouthBuild, or activities of Sanford/Seminole County YouthBuild, or activities related to approved programs of Sanford/Seminole County YouthBuild.

I hereby agree not to bring, or consent to others bringing, any claim demand or action against Sanford/Seminole County YouthBuild in any way related to the use, production, reproduction copying, publication, distribution, or exhibition of my image, likeness and/or voice. I hereby release and hold harmless Sanford/Seminole County YouthBuild and its elected officials, officers, agents, employees and volunteers, and each of their respective heirs, executors, administrators, successors and assigns, for and against any and all requests or demands for payment or compensation, claims, actions, causes of actions, suits, costs, expenses, liabilities and/or damages whatsoever that I have or might have in connection with any use, production, reproduction, copying, publication, distribution, or exhibition of my image and/or voice.

I further waive and relinquish any and all rights I have to inspect or approve any photograph, videotape image, tape recording or other form of reproduction of my image, likeness or voice.

This agreement shall not obligate Sanford/Seminole County YouthBuild to use, prepare, produce, exhibit or distribute any photograph, videotape, image, and likeness or voice reproduction.

I further agree that Sanford/Seminole County YouthBuild has my consent and permission and the right to assign its rights hereunder, in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED this ____ day of _____, 201__.

Participant Signature

Date

Parent Signature (if participate is under 18)

Date

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Drug Testing Consent Form

Part of working or volunteering for Sanford/Seminole County YouthBuild includes random testing for controlled substances. If you wish to participate in the Sanford/Seminole County YouthBuild program, you must participate in such testing and consent to such testing by signing this form.

I understand that if I am found to be under the influence of intoxicants I may not be retained as a Sanford/Seminole County YouthBuild participant and will be subject to disciplinary action as defined by Sanford/Seminole County YouthBuild policy. Any consent to testing is voluntary on my part.

I consent to testing a specimen provided by me in order to determine the presence of controlled substances, and recognize that the results of an analysis of such will be used to determine suitability or employment or program participation. I authorize the release of the testing results of authorized Sanford/Seminole County YouthBuild officers and agents.

Participant Name (please print)

Parent/Guardian Name

Participant Signature

Parent/Guardian Signature

Date

Date