



# Project YouthBuild

Enrollment Application  
635 NW 6 Street • Gainesville, FL 32601  
www.projectyouthbuild.org

The following information is used to determine eligibility and will be kept confidential. **Complete in PEN**

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ U.S. Citizen  Yes  No

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ State of birth: \_\_\_\_\_

FaceBook, Instagram, SnapChat Name(s): \_\_\_\_\_

Have you registered for the Selective Service? (Male applicants over the age of 18)  Yes  No  Not Applicable

Are you of Hispanic or Latinx Origin?  Yes  No  Not Specified

Please mark all that apply:

- Native North American
- Hawaiian Native or Pacific Islander
- Asian
- White
- Black or African American
- Not Specified

Please mark all fields that apply:

- Migrant Youth
- Low-income Family
- Youth in Foster Care
- High School Dropout
- Youth Offender
- Child of Incarcerated Parent
- Adult Offender
- SNAP
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)
- Unemployment
- Subsidized Housing
- Other: \_\_\_\_\_

**Please list your emergency contacts, numbers should be different from your home numbers:**

Emergency Contact 1: \_\_\_\_\_

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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Emergency Contact 2: \_\_\_\_\_

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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**EDUCATIONAL BACKGROUND**

Do you have a High School Diploma?  Yes  No Do you have a GED?  Yes  No  
Have you completed 8<sup>th</sup> grade?  Yes  No Last grade level completed?  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  
What is the last school you attended?  GHS  Eastside  Hawthorne  Newberry  SFHS  
 Other: \_\_\_\_\_

Have you ever been in a fight on school campus?  Yes  No

**WORK HISTORY**

Are you currently working?  Yes  No Is your job?  Part-time  Full-time

Name of Business \_\_\_\_\_

What is your current hourly wage? \_\_\_\_\_ Average number of hours worked per week? \_\_\_\_\_

Job Title: \_\_\_\_\_ Estimated start date: \_\_\_\_\_

**CRIMINAL BACKGROUND**

**Please answer this section HONESTLY—we are required to complete Level II Background Screenings on EACH student and staff. If you are dishonest on this section it may eliminate you from selection**

Have you ever been **arrested, convicted or held in police custody?**  Yes  No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on probation, parole, or involved with corrections?  Yes  No

If yes, probation/parole officer \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\* MUST PROVIDE COPY OF FACE SHEET WITH APPLICATION\*\***

**ADDITIONAL INFORMATION**

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

If accepted, will you consistently attend Monday through Friday 8:30-3:45?  Yes  No

Explain how you will arrive and depart each day from Project YouthBuild? (ex. Drop off by friend, RTS, bike, etc.)

\_\_\_\_\_

What is your current living status (select any that apply)?

Living with family  Living alone  Living with friends  Living in a houseless shelter

Living in a halfway house  Houseless  Other: \_\_\_\_\_

Are you a parent?  Yes  No If yes, how many children do you have and what are their age(s): \_\_\_\_\_

\_\_\_\_\_

**The following list of required documents MUST be turned in with your application.**

- Copy of Birth Certificate
- Copy of Driver's License/State ID—both front and back
- Copy of Signed Social Security Card
- Verification of household income (e.g. pay stubs, tax forms, food stamp acceptance forms)
- Official **UNOPENED** copy of High School Transcripts (Including IEP paperwork)
- Copy of Medicaid Card/Insurance Card—both front and back
- Project YouthBuild Parent/Guardian Release (If applicant is under 18 years of age)

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Parent/Guardian signature required for applicant that is under the age of 18. By signing this form, you agree to your child's participation with Mental Toughness Orientation, a four-day event. Please also complete attached Release of Information)**

Parent/Guardian Printed Name: \_\_\_\_\_

**How do I submit my application?**

- Drop off in person: Project YouthBuild, 635 NW 6<sup>th</sup> Street, Gainesville, FL 32601
- Fax: 866-835-1249
- Scan and Email: [info@projectyouthbuild.org](mailto:info@projectyouthbuild.org)
- Mail to Project YouthBuild, PO Box 5338, Gainesville, FL 32627

# Release of Information

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Student Name: \_\_\_\_\_

I, \_\_\_\_\_ a Student in the Project YouthBuild Program, hereby authorize the release of confidential information to the employees, representatives, or agents of Project YouthBuild. The representatives of Project YouthBuild are authorized by me to obtain information from all references (personal and professional), employers, public agencies, licensing authorities, medical offices/hospitals, and educational institutions. This information may include, but is not limited to, educational records (such as testing, scores, attendance information, etc.), public assistance records, income/employment information, and medical information.

I hereby give consent for the staff of Project YouthBuild to engage in verbal, written, facsimile, or computerized communication of information required to verify my eligibility for services, to identify services or agencies to assist me, to assess my qualifications to enter an Educational, Apprenticeship, Career or Training Program, to monitor progress while participating in such program, and to provide employment/educational recommendations and follow-up completion of training. I hereby waive any and all rights and claims I may have to privacy regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the verifying process and all other persons, corporations or organizations be it Federal, State or Local for furnishing such information about me.

I further understand that this release will be effective during the length of my participation, as well as one (1) year following completion of the Project Youthbuild Program, in order to assist the staff with their follow-up procedures.

## **Consent to Release Student Information to Parent/Guardian *\*Skip this section if under the age of 18***

I, acknowledge that I am 18 years of age or older and that under the Family Educational Rights and Privacy Act (FERPA), my educational records are protected and cannot be released to others without my written consent.

By signing below, I voluntarily authorize **Project YouthBuild** to release my educational records and information to my parent(s)/guardian(s) listed below. This authorization includes, but is not limited to:

- Academic records (grades, progress reports, transcripts)
- Attendance records
- Disciplinary records
- Health and safety information
- Financial or billing information (if applicable)

Parent/Guardian Name(s): \_\_\_\_\_

I understand that:

1. This release is voluntary and may be revoked by me at any time in writing to the school office.
2. Revocation will not affect information disclosed prior to receipt of my written notice.
3. This release will remain in effect unless written revocation is filed.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If the Student is under the age of 18:**

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_