

## Central Shenandoah Valley Office on Youth

900 Nelson Street, 2<sup>nd</sup> Floor  
Staunton, VA 24401  
(540) 332-3806

250 South Wayne Avenue  
Waynesboro, VA 22980  
(540) 942-6757

### YOUTH CORPS APPLICATION (Youth between the ages of 14 and 16)

Where do you live? Staunton \_\_\_\_\_ Augusta County \_\_\_\_\_ Waynesboro \_\_\_\_\_ Other \_\_\_\_\_

Applicant's full name (printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

City: \_\_\_\_\_

Name of School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Parent/Guardian's Full Name (printed): \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

In case of emergency, and in the event that the parent/guardian cannot be reached, contact:

Name (printed): \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's physical health is considered to be (please check one):

Poor \_\_\_\_\_ Average \_\_\_\_\_ Above Average \_\_\_\_\_ Excellent \_\_\_\_\_

Please provide a description of the applicant's general health condition, considering that participation in Office programming will involve physical labor and activity. Please include any physical limitations (inability to lift, limits to strenuous exercise, etc.) or physical health problems (allergies, handicaps, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OVER

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Is the applicant currently involved in the juvenile justice system? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant: Please mark areas of work you would be interested in

Clerical/Filing/Organizing \_\_\_\_\_ Janitorial/Maintenance \_\_\_\_\_ Car cleaning/service \_\_\_\_\_  
Child Care \_\_\_\_\_ Stocking Shelves \_\_\_\_\_ Cashier \_\_\_\_\_  
Greeting the Public \_\_\_\_\_ Food Service \_\_\_\_\_ Other (please list) \_\_\_\_\_

Work with:

Handicapped/Mentally Ill \_\_\_\_\_ Senior Citizens \_\_\_\_\_ Children \_\_\_\_\_ Adults \_\_\_\_\_

Applicant: Please state, in your own words, what you hope to get out of this program if you are selected.

\_\_\_\_\_  
\_\_\_\_\_

I, as parent/guardian of \_\_\_\_\_ do hereby recognize that:  
(Applicant's Name)

The Central Shenandoah Valley Office on Youth is neither an employer nor a principal, but is merely offering a volunteer community service program in which my child can participate. I further recognize that sponsoring agencies of this program receive no compensation, fee, or other material benefit from this program. I understand my child will be in a program requiring physical labor and activities. In signing this agreement, I acknowledge that my child is covered by medical and liability insurance. Further, in the event of an emergency, when I cannot be located I hereby grant permission for the sponsoring agencies to take my child to necessary medical treatment. Further, I hereby agree to waive and release any of the Central Shenandoah Valley Office on Youth and participating work sites from liability of any nature whatsoever resulting from my child's participation in The Central Shenandoah Valley Office on Youth pre-employment training program.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_