Youth Employment Program
Referral and Application Packet

Incomplete application packets will not be processed or returned.

**POSITION:** TEEN TEAMWORKS Urban Environmental Youthworker

**DUTIES:** To perform the following tasks working as part of an eight to ten-member work crew under the daily supervision of an adult on-site supervisor.
1. Working with Environmental Operations, Gardeners, Forestry, Recreation Specialists and Park Maintenance youth will assist with projects that have a positive impact on our parks and lakes and will include: planting, mulching, removal of invasive plants, sweeping, mowing lawns, sifting sand, litter removal, cleaning up the shore line, trimming shrubbery, edging grass and watering freshly laid sod.
2. Attend paid on the job Professional Development and Personal Development educational sessions.
3. Other duties as assigned by the supervisor.

**QUALIFICATIONS:** Minneapolis resident, 14 – 24 years of age, who has the desire to work. The ability to work well with all types of people and follow the instructions of an on-site supervisor. Must demonstrate a courteous and friendly attitude when interacting with neighborhood park users and staff.

Teen Teamworks Summer 2020 will begin on June 15th and end on August 14th. Each bi-weekly payroll period will be two Monday and Wednesday work days or two Tuesday and Thursday work days. Youthworkers will be paid at the training wage of $11.30 per hour. If you have any questions or require additional information, contact Teen Teamworks at 612-370-3916 or 612-370-3917.

**Return this COMPLETED application to:**
Teen Teamworks
Minneapolis Park and Recreation Board
4001 Nicollet Avenue South
Minneapolis, MN 55409

Youth under the age of 18 must have parent or guardian signature on application.

**No application will be processed without the required signatures.**
USE OF YOUR DATA
The data we are asking you to provide about yourself is considered private data by Minnesota Statute 13.47 subdivision 2. In order to collect and use this data we must tell you why we need the data, how we intend to use it and any consequences you may experience if you supply the information or not.

1. Program Information
   a. Why we are asking for your information: To help us determine whether you are eligible for the program and what other services you may need to become self-sufficient.
   b. How we plan to use the information: We may use it to prepare required reports, conduct audits, review eligibility, and to find out how the program is helping you.
   c. With whom we may share this information: With staff, for purposes of performing their official duties, with the Minnesota Department of Employment and Economic Development (DEED), with federal, state and local welfare agencies.
   d. If you do not provide this information: You are not required by law to provide this information. If you choose not to provide this information, we may not know whether you are eligible for the program and may not be able to help you.
   e. Providing false information can lead to removal from the program.

2. Wage Detail Files
   In accordance with the Minnesota Statute on Data Privacy, M.S. 268.19, subdivision 1b, you agree that DEED may release information on your wages and employment contained on the state’s Wage Detail files to help us evaluate the program. This is private information and your refusal to provide consent to share this information will not have an effect on your participation in the program. This information will only be for the purpose of auditing and/or learning how well the program is working.
   □ Yes, I agree to sharing of wage and employment information.
   □ No, I do not agree to the sharing of wage and employment information.
   You may cancel this consent in writing at any time.

3. Social Security Number
   Federal Privacy Act and Freedom of Information Act dictate the use of the Social Security Number. We may use it for computer matches, program reviews and improvement, and audits. After you leave the program, the data will be kept until state and federal laws require that it be destroyed.

EQUAL OPPORTUNITY IS THE LAW: We consider applicants without regard to race, color, creed, religion, national origin, age, sex, political affiliation or belief, marital status, disability, sexual orientation, or status with regard to public assistance. It is our policy to abide by all federal, state and local laws concerning discrimination.

I have been made aware of and understand this notice. (If you do not understand this statement, please ask that a staff member explain it to you.) I agree that the information on this form may be shared with federal, state and local welfare agencies. I understand that I have the right to file a complaint of discrimination.

Signature: _______________________________________________ Date: ____________________
APPLICANT INFORMATION

Your Name
First: _____________________ Middle: ___________________ Last: ___________________

Your Address
Street Address: ___________________________________________ Apt #: _____________
City: __Minneapolis_______________________ State: __MN_____ Zip: _______________
*Eligible applicants must be a resident of the city of Minneapolis

Contact Information
Home Phone: _________________________     Cell Phone: __________________________
Other Phone: _________________________
Email Address: _______________________________________________________________

Work Eligibility
Social Security Number: ____ ____ ____ - ____ ____ - ____ ____ ____ ____
Date of Birth: ____/____/________ (Month/Date/Year) Your age on June 1, 2020: ________
Eligibility to Work (check one):
□ U.S. Citizen
□ Non-Citizen, eligible to work in the U.S. (must provide I-94#): ___________________

Demographic Information
Gender:  □ Male      □ Female
Ethnicity: □ Hispanic  □ Not of Hispanic Origin

Racial Background (check all that apply)
□ African-American      □ Asian-American      □ Caucasian
□ Native American  □ Other ____________________________

School Information
Name of school you are attending, if any: _______________________________________
Current grade level: □  7   □  8   □  9   □  10  □  11  □  12  □ N/A
Student ID number: ____________________________________________________________

*Incomplete application packets will not be processed or returned.
Applications submitted without the background check form WILL NOT be processed.
**Work History**

Company Name: ______________________________________________________________

Address: _____________________________________________________________________

Job Title: ______________________________________  Salary: _______________________

Supervisor: _____________________________________  Phone: ______________________

Employed From (month/year): _________________ To (month/year): _______________

Company Name: ______________________________________________________________

Address: _____________________________________________________________________

Job Title: ______________________________________  Salary: _______________________

Supervisor: _____________________________________  Phone: ______________________

Employed From (month/year): _________________ To (month/year): _______________

**Activities**

Hobbies/special interests: _____________________________________________________

Club/group membership: _____________________________________________________

Future education and goals: ___________________________________________________

Do you have a family member employed by Minneapolis Park and Recreation Board?  □ No  □ Yes, name: ______________________________________________________________

List the three parks nearest your home.
1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________

THE FOLLOWING SECTION IS TO BE FILLED OUT BY REFERRAL AGENT OR AGENCY.

Staff Name: ________________________________________________________________

Agency Name: ______________________________________________________________

Address: ____________________________________________________________________

City: ____________________________  State: _____________  Zip: _____________

Telephone: ________________________  Fax: ____________________________

**EMPLOYMENT CODE** (check **ALL** that apply)

I._____ II._____ III._____ IV._____ V._____ VI._____ VII._____ VIII._____ IX._____ X._____ XI._____

Relationship to youth: ________________________________________________________

Additional comments: ________________________________________________________
INCOME AND FAMILY INFORMATION

Due to local, state and federal funding guidelines, Teen Teamworks must serve youth who meet specific income guidelines. **If you choose not to provide this information, we may not be able to determine your eligibility to participate in Teen Teamworks and will consider your application incomplete. Incomplete applications will not be processed or returned.**

Family Size and Income

List the name of youth applicant AND all household members related to you by blood, marriage or decree of court who now live or were living with the applicant during the past twelve (12) months. Include as income: gross wages, net income from self-employment, rental income, and pensions including Veterans, dividends, interest, grants, SSDI, OASDI, alimony and/or worker’s compensation. Do NOT include as income: any form of public assistance including SSI payments, child support, tax refunds, loans, one-time gifts, unemployment compensation, foster child payments, and/or HUD rental assistance.

<table>
<thead>
<tr>
<th>Name –include ALL household members:</th>
<th>Relationship:</th>
<th>Age:</th>
<th>Annual Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Applicant:</td>
<td>Self</td>
<td></td>
<td>$</td>
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<tr>
<td>Parent/Guardian:</td>
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<tr>
<td>Siblings:</td>
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Assistance

If you and/or our parent or guardian receives any of the following assistance, complete the section below.

<table>
<thead>
<tr>
<th>Type of Assistance</th>
<th>Case Number</th>
<th>Date Began</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care Allowance</td>
<td>#</td>
<td>Month Year</td>
<td>$</td>
</tr>
<tr>
<td>MFIP/TANF</td>
<td>#</td>
<td>Month Year</td>
<td>$</td>
</tr>
<tr>
<td>General Assistance</td>
<td>#</td>
<td>Month Year</td>
<td>$</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>#</td>
<td>Month Year</td>
<td>$</td>
</tr>
<tr>
<td>Refugee Cash Assistance</td>
<td>#</td>
<td>Month Year</td>
<td>$</td>
</tr>
</tbody>
</table>

Additional Information (Checking the items below WILL NOT eliminate you from consideration for a summer job)

- Do you have an Individual Education Plan (IEP) at school or do you have a physical, mental, learning, emotional or behavioral disability? □ Yes □ No
- Are you pregnant or are you a parent? □ Yes □ No
- Have you committed a crime and/or been involved with the juvenile justice system? □ Yes □ No
- Are you currently taking English Language Learner (ELL) classes? □ Yes □ No
PARENT AND YOUTH AGREEMENT

All youth under 18 must have parent/guardian permission to participate in Teen Teamworks. The parent/guardian must read and complete all sections of this page. If you are currently 18, you may complete this section yourself.

Youth (Applicant) Name: __________________________________ Phone: ____________________
Parent/Guardian Name: ___________________________________ Phone: ____________________
Emergency Contact Name: ________________________________ Phone: ____________________

Does your child have a special need or health condition that may affect their worksite assignment or participation in Teen Teamworks? □ Yes □ No
If yes, please explain: _________________________________________________________

Parent Permission Statement

✓ I hereby give my permission for my child to participate in Teen Teamworks activities, events and field trips.
✓ I voluntarily release the Minneapolis Park and Recreation Board from any and all liability based on claimed negligence at times when the youth participant is not under the supervision of Teen Teamworks.
✓ I agree that my child may be photographed and/or video recorded by the Minneapolis Park and Recreation Board, or by Park Board designated Teen Teamworks partners, and that their name may be used to promote the Teen Teamworks youth program.
✓ I agree that my child take part in program and academic evaluations.
✓ I agree to provide any documentation necessary to verify information on this form and I authorize the Minneapolis Park and Recreation Board or their providers to verify information provided, if necessary.
✓ I further state that I have read this application and that it is accurate and complete to the best of my knowledge.

By signing below, I attest that I have read, understand and agree with the information and statements within this application. Warning: Title 18, Part 1, Chapter 47, Section 1001 of the U.S. Code – Fraud and False Statements, makes it a criminal offense to make false statements or misrepresentations to any departments or agency of the U.S. as to matter within its jurisdictions.

Youth Signature: ________________________________________ Date: ______________
(Required)

Parent Signature:  _______________________________________ Date:  _____________
(Required for youth under 18)