



## Application Form

This application will help us determine your motivation to join the program and what you hope to accomplish while in the program. Please complete each item. Blank applications will not be accepted.

### I. Personal Information

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
Street City State Zip

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_ Phone \_\_\_\_\_

Nearest relative \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ How old are you? \_\_\_\_\_

What is your date of birth? \_\_\_\_\_

Where did you hear about Youthbuild? (Please Check)

- Newspaper
- Radio
- TV
- Flyer
- Somebody told me about it
- Other (write in \_\_\_\_\_)

Please check the one or two of the following items that best describes your current situation:

- School dropout
- Youth offender
- Between the age of 16-24
- Individual with a disability
- Member of low-income family
- Child of an incarceration parent
- Youth in foster care or \_\_\_\_\_ aging out of foster care
- Migrant youth

Why are you interested in being in this program? \_\_\_\_\_

If you are accepted into this program, you will be in class Monday through Friday, 9:00 to 12:00 pm, studying reading, writing, and math to help you prepare for a GED, construction trade, computer tech career, or a career as a health care professional. What would you like to get out of the class?

Are you interested in getting a Mentor? YES NO

If you could choose, check the career path you would like to pursue.

Construction Trade:

Carpentry  Electrical  Solar Panel Installation  Clean Heat Technician  Weatherization Specialist

Information Technology:

Computer Repair and Maintenance Technician

Health Care Profession:

Patient Care Technician  Emergency Medical Technician  Phlebotomist  LPN  RN

## II. Health Information

Do you have any physical, medical, or other health problems?  YES  NO

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

Please circle your response to the following questions:

Are you supposed to wear glasses? YES NO

Do you have asthma? YES NO

Do you have diabetes? YES NO

Do you smoke? YES NO

Do you have any physical, mental, or medical impairment which would interfere with your ability to perform the job? YES NO

Have you ever been treated for emotional or psychiatric problems? YES NO

Are you on any medications? YES NO

If you smoke, can you limit it to breaks and lunchtime? YES NO

Have you ever had a physical examination? YES NO

If yes, when was your last examination? Date: \_\_\_\_\_

**III. Interest, Skills & Hobbies** (please check all that applies)

- |  |   |
|--|---|
| <input type="checkbox"/> Arts/Crafts                         | <input type="checkbox"/> Automotive           |
| <input type="checkbox"/> Basketball                          | <input type="checkbox"/> Boating              |
| <input type="checkbox"/> Carpentry                           | <input type="checkbox"/> Cooking              |
| <input type="checkbox"/> Cosmetology                         | <input type="checkbox"/> Drama/Acting         |
| <input type="checkbox"/> Gardening                           | <input type="checkbox"/> Graphic Design       |
| <input type="checkbox"/> Computers                           | <input type="checkbox"/> Indoor games         |
| <input type="checkbox"/> Board games (Monopoly, Chess, Life) | <input type="checkbox"/> Photography          |
| <input type="checkbox"/> Body Building (fitness)             | <input type="checkbox"/> Science (Technology) |
| <input type="checkbox"/> Sports                              | <input type="checkbox"/> Poetry               |
| <input type="checkbox"/> Music                               | <input type="checkbox"/> Singing              |
| <input type="checkbox"/> Dancing                             | <input type="checkbox"/> Skateboarding        |
| <input type="checkbox"/> Card Games (Poker, Spades, Uno)     | <input type="checkbox"/> Movies               |
| <input type="checkbox"/> Fishing                             | <input type="checkbox"/> Photography          |
| <input type="checkbox"/> Reading                             | <input type="checkbox"/> Running              |
| <input type="checkbox"/> Video Games                         | <input type="checkbox"/> Watching TV          |
| <input type="checkbox"/> Swimming                            | <input type="checkbox"/> Modeling             |
| <input type="checkbox"/> Biking                              | <input type="checkbox"/> Shopping             |
| <input type="checkbox"/> Collecting (Stamps, Coins, cards)   | <input type="checkbox"/> Traveling            |

**IV. Education**

Last school attended: \_\_\_\_\_

Highest grade completed:

___ Less than 6 <sup>th</sup>	___ 7 <sup>th</sup>	___ 9 <sup>th</sup>	___ 11 <sup>th</sup>
___ 6 <sup>th</sup>	___ 8 <sup>th</sup>	___ 10 <sup>th</sup>	___ 12 <sup>th</sup>

Last year in school: \_\_\_\_\_

If you did not complete HS or get your GED, why did you drop out?

---

---

Did you use the school's "Resource Room"? (IEP)	YES	NO
Did you take any shop courses in school?	YES	NO
If yes, which ones? _____		
Do you know how to drive?	YES	NO
Do you have a valid driver's license?	YES	NO
Do you have a Driver's permit?	YES	NO
Do you have a car?	YES	NO
Do you have any outstanding or unpaid parking tickets or violations?	YES	NO
Do you have a Driver's/Operator's license?	YES	NO
Do you have a Chauffeur's/Commercial license?	YES	NO

**V. Training and Work History**

Have you ever been in another training program?    YES                      NO                      If yes, which ones?

\_\_\_\_\_ Dates Attended: \_\_\_\_\_

\_\_\_\_\_ Dates Attended: \_\_\_\_\_

\_\_\_\_\_ Dates Attended: \_\_\_\_\_

Did you complete the program?                      YES                      NO

**Current Employment Status**

\_\_\_\_ Employed: Full-Time                      Date most recent job ended \_\_\_\_\_

\_\_\_\_ Employed: Part-Time

\_\_\_\_ Unemployed: Looking                      Hourly Wage: \_\_\_\_\_

\_\_\_\_ Unemployed: Not Looking

\_\_\_\_ Other                      Hours worked per week: \_\_\_\_\_



If yes, please describe and include dates and status of the case: \_\_\_\_\_

---

---

---

If yes, are you on probation?    YES                      NO

Name and telephone number of Officer: \_\_\_\_\_

Are you on parole?                      YES                      NO

Name and telephone number of Officer: \_\_\_\_\_

**Ethnicity**

\_\_\_ Asian American/Pacific Islander

\_\_\_ Black/African American

\_\_\_ Hispanic/Latin American

\_\_\_ Native American

\_\_\_ Multiracial/Other

**Marital Status**

\_\_\_ Single

\_\_\_ Married

\_\_\_ Divorced

\_\_\_ Separated

\_\_\_ Widowed

**Type of Housing**

\_\_\_ Public Housing

\_\_\_

House/Apartment

\_\_\_ Homeless

\_\_\_ Homeless

Shelter

\_\_\_ Group Home

**Household Income**

\_\_\_ \$1 - \$10,000

\_\_\_ \$10,001 - \$20,000

\_\_\_ \$20,001 - \$30,000

\_\_\_ \$30,001 - \$40,000

\_\_\_ \$40,001 and above

Do you live by yourself?    YES                      NO

Do you live with parents or other relatives?                      YES                      NO

Do you have children of your own?                                      YES                      NO

    If YES, how many?    \_\_\_\_\_

    If YES, do they live with you?                                      YES                      NO

    If YES, what is your oldest child's birthday?                      \_\_\_\_\_

    If YES, what is your youngest child's birthday?                      \_\_\_\_\_

Do you have any other dependents?  
(Do you financially support anybody else)?                                      YES                      NO

    If YES, how many other people?                                      \_\_\_\_\_

    If YES, what is their relationship to you?                                      \_\_\_\_\_

### **Public Assistance**

Do you receive public assistance?	YES	NO
Does someone in your household besides you receive public assistance?	YES	NO
Are you a non-custodial parent of child who receives AFDC/TANF?	YES	NO
Are you a TANF recipient?	YES	NO
Are you a foster child?	YES	NO
Have you aged out of foster care?	YES	NO

### **Criminal Justice History**

Have you ever been arrested?	YES	NO
Do you currently have a case pending?	YES	NO
Have you ever been convicted of a misdemeanor?	YES	NO
Have you ever been convicted of a felony?	YES	NO
Have you ever been in a juvenile detention center?	YES	NO
Are you a Youthful Offender?	YES	NO
Are you currently on "House Arrest?"	YES	NO
Have you ever been in a correctional facility?	YES	NO
Have you ever been on probation?	YES	NO
Have you ever been on parole?	YES	NO
Are you gang affiliated?	YES	NO

Do you have any visible gang-related tattoos/markings? YES NO

Are you using any of these substances?

Alcohol	YES	NO
Marijuana	YES	NO
Cocaine	YES	NO
Crystal Meth	YES	NO
Heroin	YES	NO
Other illegal substances (pain killers)	YES	NO
Do you have a history of alcohol abuse?	YES	NO
Have you ever had substance abuse treatment?	YES	NO

I attest that the information provided in the application is accurate and true.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

## CONSENT FOR RELEASE OF INFORMATION

Information to be obtained from Dutchess County Dept. of Social Services:

Extent or nature of information to be disclosed: Personal, Financial and all other information necessary to determine eligibility for TANF 200% programs.

Purpose or need for disclosure: determine eligibility for TANF 200% programs.

---

I, the undersigned, have read the above and authorize the release of the information contained herein. I understand that all such information will be treated as confidential and privileged.

\_\_\_\_\_  
Print name of Parent/Guardian                      Date

\_\_\_\_\_  
Name of Student    (Please Print)

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

\_\_\_\_\_  
Date of Birth (Student)

\_\_\_\_\_  
Social Security # of Parent

\_\_\_\_\_  
Social Security # of Student

Name and address of agency requesting information:

Nubian Directions II, Inc.  
248 Main Street  
Poughkeepsie, NY 12601

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date





## Looking Back and Looking Ahead

Name \_\_\_\_\_ Age \_\_\_\_\_

Program \_\_\_\_\_ Date \_\_\_\_\_

This survey will help us learn about you, your needs and expectations from Youthbuild. We will ask you to answer the same questions when you finish the Youthbuild Program to help us see how you have changed and how effective the program has been.

### PART 1: THE PROGRAM

For each part of the Youthbuild Program listed below, please indicate HOW IMPORTANT it is to you:

		Most Important	Very Important	Important	Not Important	Does Not Apply
a.	Construction Training and Classroom Instruction					
b.	Help Getting Into College or Technical School					
c.	Better Math, Reading, & GED Preparation Skills					
d.	New Friends and Positive People					
e.	Helping My Community					

f.	Getting Paid					
g.	Helping Me Learn about My Community					
h.	Learning How to Become a Better Leader					

**PART 2: THE FUTURE**

**1. Five years from now, how likely do you think it is that you will:**

		Very Likely	Somewhat Likely	Likely	Not Likely	Not Thought About It
a.	Have a Good Job					
b.	Have a HS diploma or GED					
c.	Have a College Degree					
d.	Vote Regularly					
e.	Be Proud of Yourself					
f.	Be Married					
g.	Be Politically Active					
h.	Be In Trouble With the Law					
i.	Be Living					
j.	Participate in Organizations					
k.	Speak at Some Public Meeting					
l.	Want to be a Leader in Your Community					

m.	Play a Positive Role in Your Community					
n.	Have a Positive Attitude Towards Life					
o.	Have Children (or More Children)					
p.	Have Moved Out of the Neighborhood					

**2. What goals have you recently accomplished?**

**3. What do you want to be doing in a job and in your life when you are 30 years old?**

**4. What is the most important way you hope to change during your year in Youthbuild?**

**Please use the rest of this page to tell us anything else about your Youthbuild experience that you would like people to know.**