

Mayor's Youth Employment and Education Program 2017 - 2018 COUNSELOR-IN-TRAINING (CIT) APPLICATION



MYEEP Mission

As a collaborative of non-profit organizations, the mission of the Mayor's Youth Employment & Education Program (MYEEP) is to provide job readiness training, work experience, academic support, and personal development to San Francisco youth challenged in their attempt to access employment.

What is a CIT?

The MYEEP Counselor-in-Training (CIT) program is a chance for you to collaborate with 30 youth from all over the city to build skills as youth employment leaders. As a CIT, you will work with a MYEEP Coordinator to run workshops that focus on improving the life, job, and academic skills of urban youth in your community. You will also attend CIT workshops and field trips that focus on your growth and development. This is a unique opportunity to become a leader in your community, build long lasting relationships with youth leaders from all over the city, and help shape the MYEEP experience for first year participants.

Job Description

Duties and Responsibilities:

- **Facilitate job readiness and life skills workshops that help San Francisco youth grow**
- **Attend weekly leadership trainings and build community with other youth leaders from all over the city**
- Support partnerships between youth participants and their worksites
- Provide input and perspective as MYEEP makes program changes
- Chaperone MYEEP events
- Manage participant files

Qualifications:

- Enthusiasm and a willingness to learn all aspects of CIT responsibilities
- Commitment to becoming a leader/role model in the program, to continuous learning, working as a team, and finishing all projects to the best of your ability
- **Commitment to remain a CIT for the entire year from June 2017 to June 2018**

Eligibility

- Resident of San Francisco
- Enrolled in school or GED Program
- Must have a minimum GPA of 2.5
- Must be a Sophomore, Junior, or Senior for the 2017 – 2018 school year
- Attend all CIT Workshops (see Timeline) and **Retreat from 8/6 – 8/10**
- Must be legally eligible to work in the U.S. and obtain a work permit

**Application Due
Friday, April 7th
By 5:30pm**

CIT MYEEP Program Overview

Program Structure

Compensation

CITs will earn an hourly wage of **\$14.50**

HOW MUCH OF A COMMITMENT IS BEING A CIT?

If you are involved in regular after school programs, clubs, or sports, it may not be possible to commit to the CIT program. MYEEP requires that you meet your leadership responsibilities on a regular and consistent basis. Please review the timeline below that illustrates CIT responsibilities throughout the year. You may only miss 3 workshops before being terminated from the program.



Timeline

Summer (June – Mid August)

- CITs will work 20 hours per week
- CITs will attend two – three workshops a week with Youth Leadership Coordinator (YLC) and Project Coordinators (PCs) to focus on developing their facilitation and leadership skills
- CITs will attend a summer leadership retreat at UC Santa Cruz from July 31st – Aug 4th

Fall (Mid August – December)

- CITs will work a minimum of 10 hours per week
- CITs will attend at least one professional development workshop a month with YLC and PCs
- CITs will facilitate 3 workshops a week with their coordinator at their agency

Winter/Spring (January – May)

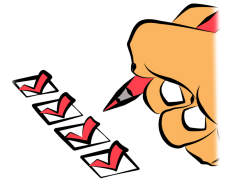
- CITs will work a minimum of 10 hours per week
- CITs will attend at least one professional development workshop a week with the YLC and PCs
- CITs will facilitate 1 workshop a week with their coordinator and support the management of the MYEEP program at their agency
- CITs will attend the following MYEEP events: ***MYEEP in SF (February), University Day (April), Cherry Blossom Festival Fundraiser (April), MYEEP Graduation (MAY)***

ACADEMIC REQUIREMENTS AND SUPPORT

CITs are required to maintain a 2.5 GPA while they are in the program. This is to ensure that CITs are prioritizing their education and setting a good example for their participants. **If a CIT starts the program with a GPA that is lower than 2.5, he/she will have to demonstrate that they are working towards raising it.** CITs must submit their report cards or Academic Check-Up sheets as requested. Their agency Coordinator or the YLC may place the CIT on an Academic Contract, which means that they may be required to attend tutoring in order to stay in the program. Their agency Coordinator will assist the participant in finding suitable, free tutoring services through MYEEP's partnerships with SFUSD schools and other tutoring providers.

Application Submission

Documents, Rules and Interview Process



TO APPLY → Please fill out this application and submit the following items

FORMS

Please fill out the following forms in BLUE & BLACK ink and double check that all signature lines are signed

- Personal Identification Form (Demographics, Family income info, Ethnicity, & Home Language)
- Interview, School, and Agency Worksheet
- Parental Consent Form
- Emergency Contact & Medical Authorization Form

COMPLETE & ATTACH

- A copy of your most recent school transcript
- A copy of your Photo ID (can be a school ID, California ID, Passport, or Permanent Resident Card)
- A Resume with 3 References (Please include reference e-mail, phone number, and position title)
- A Cover Letter that **introduces yourself, explains why you want to be a CIT and why you are qualified**
- Typed response to essay questions

Submission Rules

- **CURRENTLY IN MYEEP:**

Turn in a paper application to your agency Coordinator **by 5:30pm on Friday, April 7th**

- **NEW to MYEEP:**

Turn in paper application to Luisa Sicairos the Youth Leadership Coordinator (YLC) at MYEEP Central Office at 2012 Pine Street, San Francisco, CA 94115 **by 5:30pm on Friday, April 7th**.

- **Turning it in before the due date DOES NOT guarantee a position in the program.**
- Complete the entire application in BLUE or BLACK ink. Please don't use pencil or other ink colors.
- If you need help with your application, you may contact Luisa Sicairos, the Youth Leadership Coordinator at (415) 202 - 7945 as soon as possible.
- Once all applications have been received, we will review and call qualified applicants in for an interview.



Interview Process

1. **First round interviews** will be conducted at the agency you applied to work for. The coordinator will contact you to set up an individual interview.
2. **Second round interviews** will be conducted as group interviews with the Youth Leadership Coordinator (YLC) in May.
3. The YLC will notify hired CIT applicants by Friday, May 12th. Interviewed applicants who are not accepted will be notified by Monday, May 15th.



Short Answer/Essay Questions:

Please attach a separate typed document with your responses (minimum of 5 sentences) that answers these three questions.

- 1) An important part of being a leader is a commitment to learning and improving one's self. Please name two challenges or areas of growth you need to work on and how you have or plan to address it?
- 2) As a CIT, you will have the opportunity to substantially impact MYEEP as well as its participants for the better. What is an issue or topic in your community, school, and/or family that you are passionate about and how would you share this passion with your participants?
- 3) As a CIT you are committed to work 20 hours a week in the summer, and 10 hours a week during the school year. How will you maintain your grades for the school year? What is a goal you have after high school?
- 4) MYEEP's mission is to provide job readiness training, work experience, academic support, and personal development to San Francisco youth that experience barriers to employment (such as no previous job experience, poverty, disability, family responsibilities, language, etc.). **Please choose one scenario and explain how you would support and motivate a participant to succeed in MYEEP that is experiencing one of the situations below:**
 - A MYEEP participant tells you they are thinking about leaving the program because they have to take care of their grandmother
 - A participant in the program is not participating in MYEEP workshops because they do not speak English as well as their peers and is embarrassed to share their ideas

Thank you for applying to the Counselor in Training Position!

Stay Connected with MYEEP

Personal Identification

Please print neatly and use BLUE or BLACK ink

Legal First Name		Legal Middle Name		Legal Last Name	
Adopted English Name (optional)			Date of Birth (Month-Day-Year)		Age
Home Address					
SF, CA 94 _____					
Home Phone #			Cell Phone #		
(415) _____ - _____			_____ - _____ - _____		
Email Address			Permanent Resident # (if applicable)		
			_____ - _____ - _____		

Demographics

Have you been a MYEED intern before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever applied to MYEED before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a job before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was it in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much were you paid?
Name of School	Current GPA	Current Grade Level	High School Graduation Date Month ___/Year _____
Activities (Sports, Clubs, Church, Programs)			
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender
English Proficiency	<input type="checkbox"/> Fluent	<input type="checkbox"/> Somewhat Fluent	<input type="checkbox"/> Not Fluent
Other (check all that apply)	<input type="checkbox"/> Disabled	<input type="checkbox"/> LGBTQ	<input type="checkbox"/> I financially support my family <input type="checkbox"/> I am a parent
Do You Have an Individualized Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for IEP	
Juvenile Justice <input type="checkbox"/> I have a Probation Officer Name _____ Phone _____			
Case Management <input type="checkbox"/> I have a Case Manager Name _____ Phone _____			
Living Situation (Please Check All That Apply)			
<input type="checkbox"/> Family	<input type="checkbox"/> Single Parent Household	<input type="checkbox"/> Foster Home	
<input type="checkbox"/> Group Home	<input type="checkbox"/> Homeless	<input type="checkbox"/> Self-Support	

Family Income Information

PLEASE HAVE YOUR PARENT OR GUARDIAN ASSIST YOU WITH THIS SECTION

Does anyone in the household receive the following (Please Check All That Apply):

- TANF Food Stamps GA Medi-Cal SSI Public Housing CalWorks

How many family members live in your household? _____

What is the combined total annual income of everyone in your household? \$ _____

Ethnicity

Information provided in this section will not affect your application status.

Please indicate the ethnicity you identify with.

- African American Other Black (please specify) _____
- Asian -- Chinese Asian -- Filipino Asian -- Indian
- Asian -- Japanese Asian -- Korean Asian -- Laotian
- Asian -- Thai Asian -- Vietnamese
- Asian -- Other (please specify) _____
- Hispanic/ Latino -- Mexican/Mexican American Hispanic/ Latino -- Central American
- Hispanic/ Latino -- South American Hispanic/ Latino -- Caribbean
- Hispanic/ Latino -- Other (please specify) _____
- Middle Eastern -- Arab Middle Eastern -- Iranian
- Middle Eastern -- Other (please specify) _____
- Pacific Islander -- Guamanian Pacific Islander -- Hawaiian
- Pacific Islander -- Tongan Pacific Islander -- Samoan
- Pacific Islander -- Other (please specify) _____
- Native American Native Alaskan
- European American European Other (please specify) _____
- Multiracial/Multiethnic Other (Please Specify) _____
- Decline to State

Home Language

Please identify the main language spoken at home.

- English Spanish Cantonese Japanese Korean
- Laotian Mandarin Samoan Tagalog Toishanese
- Vietnamese Arabic Russian Khmer/Cambodian
- American Sign Language Other (please specify) _____

MYEEP Neighborhood Locations

Please select the following agencies that you wish to apply to and if selected can make it to by 4pm during the school year.

- Bayview, Hunters Point** - Young Community Developers at 1715 Yosemite Street
- Bernal Heights, Outer Mission** - Bernal Heights Neighborhood Center at 515 Cortland Avenue
- Chinatown, North Beach** - Community Youth Center at 1038 Post Street
- City-wide, Youth with Disabilities** - Jewish Vocational Service at 225 Bush Street, Suite 400
- Mission, Potrero Hill** - Horizons Unlimited at 440 Potrero Avenue
- Oceanview, Merced, Ingleside – OMI-Balboa High School** 1000 Cayuga Ave, Room 28
- Richmond** - Community Youth Center at 319 6th Avenue
- Sunset** - Community Youth Center at 319 6th Avenue & 2400 Noriega Steeet
- Tenderloin, SOMA, Union Square** - Vietnamese Youth Development Center at 166 Eddy Street
- Visitacion Valley** – APA Family Support Services at 50 Raymond Avenue, Room 28
- Western Addition, Haight Ashbury** - Buchanan YMCA at 1530 Buchanan Street

Group Interviews

Interviews will be held at the following dates and locations below. Please check off **all** of the dates and times that you are available for an interview:

Mon, May 1st
4:30p – 6p
TBD

Tues, May 2nd
4:30p – 6p
TBD

Wed, May 3rd
4:30p – 6p
JCYC Gym
2012 Pine St.

SUMMER SCHEDULE Please write in any weekly commitments you will have this summer (including summer school, sports, music, lessons, counseling, babysitting) and the time you are committed to attend.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

For example, write “Dance Team 4pm-6pm” or “Babysit my baby brother 3pm-4pm”

SCHOOL YEAR SCHEDULE What is the estimated time you get out of school each day for the 2017-2018 school year? Please write in any weekly commitments you will have this school year.

For example, write “Dance Team 4pm – 6pm” or “Babysit my baby brother 3pm – 4pm”

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Parental Consent

This page contains three different and distinct permission requests. Please review each section. Authorization to release school student records as well as permission to participate in MYEEP is required.

Authorization to Release School Student Records

I hereby authorize _____ (name of school) to release, upon request by any Mayor's Youth Employment and Education Program (MYEEP) representative academic records or attendance records of _____ (name of student) while s/he is a participant of in the program. I also authorize any MYEEP representative to discuss with school staff the academic performance of my child.

Parent/Guardian Signature _____ Date _____

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MYEEP Media Release

By signing below, you are authorizing MYEEP and it's affiliates to use any pictures or video that may include your child as well as any caption or names associated with the activity. MYEEP regrets that it cannot offer financial compensation for use of these photos.

I hereby give my consent to all photographs, audio-recordings, program work, and/or video recordings taken of my minor child by staff or an authorized designee of the Mayor's Youth Employment and Education Program (MYEEP), a program of the Japanese Community Youth Council (JCYC). I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of MYEEP and may be used by MYEEP, JCYC, or any other organizations authorized by MYEEP solely for educational, instructional, or promotional purposes determined by MYEEP in broadcast and electronic media formats now existing or in the future created. MYEEP/JCYC regrets that it cannot offer financial compensation for use of these photos.

I have read this agreement and fully understand the content hereof. I represent that I am the parent/guardian of the minor indicated and have signed this agreement freely and without any inducement or assurance of any nature.

Parent/Guardian Signature _____ Date _____

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Permission to Participate in MYEEP

By signing below, you are acknowledging the following:

- You are aware of and consent to your child's participation in the Mayor's Youth Employment and Education Program (MYEEP)
- You consent to your child's participation in evaluations of the program
- MYEEP may contact you regarding your child's participation

Parent/Guardian Signature _____ Date _____



MYEEP

Emergency Contact & Medical Authorization Form

★ PLEASE BRING THIS FORM TO ALL OFF SITE FIELD TRIPS ★

PARTICIPANT INFORMATION

First Name _____ M _____ Last Name _____

Address _____ San Francisco, CA 94 ____ Date of Birth ____ - ____ - ____

PARENT/ GUARDIAN CONTACT INFORMATION

Parent/Guardian _____

Parent/Guardian _____

Home Phone Number _____

Home Phone Number _____

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

ALTERNATE EMERGENCY CONTACT

Full Name _____

Home Phone Number _____

Cell Phone Number _____

Relationship _____

DOCTOR'S CONTACT INFORMATION

Name of Doctor _____

Phone Number _____

MEDICAL HISTORY

Please list any known allergies to any medications or food products:

Please list any known medical conditions that MYEEP should be aware of:

Please list any special medical treatment instructions and names of medications that are taken regularly:

Should it be necessary for my child to have medical treatment while participating in any MYEEP program activities, I hereby give MYEEP/JCYC staff permission to use their judgment in obtaining medical services for the child. I also give permission to the physician to exercise his/her judgment in providing appropriate medical service. While all reasonable precautions will be taken to insure the safety of my child in all MYEEP program activities, I understand that MYEEP and its staff cannot be held responsible for the accidents that might occur to my child in any of the activities at workshops, work or during field trips. I hereby hold JCYC, MYEEP or its staff harmless of any liability throughout the duration of the program.

Parent/Guardian Signature

Date

EMERGENCY INSTRUCTIONS

For Worksite Supervisors, MYEEP Coordinators, and MYEEP Central Office Staff

If a MYEEP Participant is injured while they are under your supervision, please follow these steps:

STEP ONE: ASSESS THE SITUATION AND ACT

If 911 is required, call 911 for help.

- This form must accompany the intern to the hospital.

If the injury is minor (for example, a small cut), please treat as needed.

If the injury requires professional medical attention,

- Please take the young person to either:
 - Kaiser Occupational Health Clinic at 601 Van Ness Avenue, Opera Plaza, Mezzanine Level, Suite 2008 (closes at 5pm)
 - Kaiser Emergency Room at 2425 Geary Blvd (between Lyon and St. Joseph Avenue)
- This form must accompany the intern to the hospital.

STEP TWO: CONTACT MYEEP COORDINATOR/CENTRAL OFFICE

- Contact the Participant's MYEEP Coordinator
- If you are unable to reach the MYEEP Coordinator, please call MYEEP Central Office at any of the numbers below:
 - Beth Sachnoff, Associate Director 415-202-7943
 - Alvin Woo, Director 415-202-7914
 - Luisa Sicairos, Youth Leadership Coordinator 415-202-7945
 - Zafiro Joseph, Communications Coordinator 415-202-7944
- Contact the Parents/Guardians or Alternate Emergency Contact listed on the other side of the form.
- Please stay with the intern until a Parent/Guardian or MYEEP Staff Person arrives to accompany the intern.

STEP THREE: PLEASE DOCUMENT DETAILS OF THE INJURY

- Please write down details regarding the injury:
 - Date
 - Time injury occurred
 - Details of the injury (left arm, right thumb, etc.)
 - Where was the youth taken
- You may be contacted after the incident to provide the details of the injury to a MYEEP Staff Person

As an employee of the Japanese Community Youth Council (JCYC), Workers Compensation Insurance is provided to you if you are injured while working at your MYEEP job. In California, you have the right to pre-designate in advance of any work-related injury, a personal physician who you have received services from before and who is willing to sign an agreement to provide medical care for work-related injuries.

This form documents that you DO NOT want to pre-designate a provider. If you would like to pre-designate a personal physician (must acquire their signature on a separate form), please contact your Coordinator for the form.

CHECK THE BOX BELOW to allow MYEEP to follow its standard procedures:

<input type="checkbox"/>	I, the undersigned employee, waive my right to pre-designate a personal physician and understand that I will be referred to a physician that is part of the California State Fund Medical Provider Network.
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Participant Name (Printed)

Participant Signature Date Parent/Guardian Signature Date

Consent to and Direction for Treatment of Minor

If you are injured on the job and require professional medical attention you may be taken to either Kaiser Permanente Occupational Health Center or the Kaiser Emergency Room.

The *Consent To And Direction For Treatment of Minor* form (on back) allows the MYEEP participant to be treated by Kaiser Permanente with out a Parent/Guardian being present. Signing the form means you consent to you child receiving treatment in the case that a Parent/Guardian is not present.

INSTRUCTIONS- To complete the form fill out the following:

- Write your child's name in the line title RE:
- Enter date of birth
- If your child is a Kaiser member write in their medical record number. If they are *not* a Kaiser member leave that line blank
- Sign, specify relationship and date

If you have any questions about the form please call MYEEP central office at 415-202-7903