

CITY OF SHREVEPORT **MSY- IT**
COMMUNITY DEVELOPMENT
2014 MAYOR'S SUMMER YOUTH EMPLOYMENT PROGRAM
PRE-APPLICATION

PLEASE PRINT.....

DATE OF APPLICATION: _____			
NAME: _____			
ADDRESS: _____	APT #: _____		
CITY/STATE: _____	ZIP CODE: _____		
PHONE NUMBER: _____	ALTERNATE PHONE NUMBER: _____		
EMERGENCY CONTACT PERSON: _____	PHONE NUMBER: _____		
BIRTHDATE: _____	AGE: _____	SEX: _____	RACE: _____
ARE YOU A U. S. CITIZEN? <u>YES or NO</u>		RESIDENT ALIEN? <u>YES or NO</u>	
HOW MANY FAMILY MEMBERS? _____		WHAT IS YOUR YEARLY FAMILY INCOME? _____	
ARE YOU (FAMILY) RECEIVING PUBLIC ASSISTANCE (Food Stamps, TANF, SSI, etc.)? <u>YES or NO</u>			
ARE YOU IN NEED OF A BUS PASS? <u>YES or NO</u>			
WILL YOU ATTEND SUMMER SCHOOL THE YEAR-2014 <u>YES or NO</u>			
PLEASE CIRCLE ONE: COLLEGE STUDENT, HIGH SCHOOL STUDENT, DROP-OUT STUDENT, OUT-OF-SCHOOL STUDENT (NAME OF SCHOOL ATTENDING : _____)			
LIST YOUR WORK INTERESTS _____			
LIST YOUR WORK SKILLS _____			

***SUBMIT COMPLETED APPLICATION TO YOUR LOCAL
COMMUNITY RECREATION CENTER.***

- If called for appointment, you must bring the following documents:**
- Birth Certificate**
 - Social Security Card**
 - State Driver's License or ID**
 - School Record or Report Card (If under 18)**
 - Utility Bill (Proof of Address)**
 - TANF / Food Stamp Record / SSI Income Record**

FOR OFFICE USE ONLY

MEDICAL AUTHORIZATION

I HEREBY AUTHORIZE _____ WITH THEIR ASSOCIATES
Medical Facility
OR ASSISTANTS, TO PERFORM UPON _____ MY CHILD WHO IS
Child Name
A MINOR, THE NECESSARY SURGICAL, DIAGNOSTIC, OR MEDICAL PROCEDURE REQUIRED
FOR ANY ON-THE-JOB INJURY SUSTAINED WHILE PARTICIPATING IN THE CITY OF
SHREVEPORT SUMMER JOB PROGRAM.

WORK AGREEMENT

WE, THE UNDERSIGNED PARENTS OR GUARDIANS OF _____
Child Name
ON THIS DATE, _____ HEREBY AGREE TO ALLOW HIM/HER
Date
TO PARTICIPATE IN THE CITY OF SHREVEPORT SUMMER JOB PROGRAM AND CERTIFY
THAT WE WILL ABIDE BY THE TERMS OF THE WORKSITE AGREEMENT.

REQUIRED DOCUMENTS ATTACHED

_____ BIRTH CERTIFICATE	_____ TANF/FOOD STAMP RECORD
_____ SOCIAL SECURITY CARD	_____ SSI INCOME RECORD
_____ STATE DRIVERS'S LICENSE OR ID CARD	_____ 2013 INCOME TAX RECORDS
_____ SCHOOL RECORD OR REPORT CARD (If under 18)	
_____ UTILITY BILL (Proof of Address)	

I/WE CERTIFY THAT I/WE HAVE READ AND FULLY UNDERSTAND THE FOREGOING PARAGRAPHS.

PARTICIPANT SIGNATURE: _____

PARENT SIGNATURE: _____

CITY STAFF SIGNATURE (1) _____

ASSIGNED WORKSITE: _____	JOB TITLE: _____
------------------------------------	----------------------------

CITY STAFF SIGNATURE (2) _____