



YouthBuildKCK
Becoming Dream Makers
1821 North 3rd Street
Kansas City, KS 66101

Please Read Application Carefully and answer all questions. Incomplete applications will not be accepted.

Enrollment Application Form

Please include with this application

- Must be 16-24 years of age
- Kansas resident
- Birth Certificate
- Social Security Card
- Photo ID
- Proof of household income (current tax return or last 2 pay checks)
- Transcript from most recent high school
- Individual Education Plan (if applicable)
- Background Check
- Proof of Residency (Utility Bill)

YouthBuild Enrollment Application

(Please Print)

Personal Data

Your Name: _____

Mailing Address _____

City/State/Zip _____

Phone: _____ (home) _____ (cell) Gender: Male Female Birthdate: ____/____/____

E-mail address _____ Facebook user name _____

US Citizen? Yes No Registered to Vote: Yes No

Registered for Selective Services Yes No (If you are male, 18 years or older, this is required by law)

Emergency Contact: _____

Relationship: _____ Phone Number _____

Have you ever participated in a YouthBuild program before? Yes No if yes, where/when

How did you hear about our program? _____

What is your ethnic background (select any that apply)?

African American Asian/Pacific Islander Hispanic/Latino Native American White
 Other _____

What is your primary language? English Spanish Other _____

Which of these best describes you, check all that apply

Migrant Youth Low-Income Family Youth in Foster Care Referred by Guidance Counselor

Child of Incarcerated Parent Adult Offender Other

Education

Do you have a high school diploma? Yes No From what school? _____

Last school you attended: _____ Last Grade Completed _____

Were you enrolled special education? Yes No If yes, is your IEP attached to application? Yes No

Work History

Are you working now? Yes No If yes, where? _____

If no, are you looking for a job? Yes No

Wage per hour of current/most recent job: \$ _____ hours per week _____

End date of last job, if applicable? _____

Do you have construction experience? Yes No If yes, how long? _____

Criminal Background

Have you ever been in a juvenile detention center? Yes No If yes, when? _____

Are you on probation or involved with corrections? Yes No if yes, what is your status? _____

What is your status with the corrections office: Pre-release Mandated enrollment No Alternative Sentence

What is your probation/parole officer's name? _____ Contact number _____

Are you, or have you ever been in DCF custody? Yes No If yes, when _____

Type of Contact with Probation/Parole Officer? In person Phone Email Written Report

Household Information

Is anyone in your household on public assistance? (food stamps, SSI, Medicaid, WIC, Section 8) Yes No

Are you married? Yes No Are you a parent? Yes No how many children? _____ Ages _____

What is your housing situation? House/Apartment Homeless Hotel/Motel Section 8
 Temporary Housing

How many people live in your house/apartment including you? _____

Who do you live with? **Circle One:** wife, husband, friends, mother, father, both parents, relatives, foster parents

What is the approximate income of **your** household (not including roommates) in the last year _____

Health/Mental/Physical Information

Are you currently under the care of a doctor? Yes No

Are you on any type of medication? Yes No If so what kind _____

Known Allergies _____ Hospital Preference _____

Do you have a disability? Yes No If so, what is the nature of the disability _____

References: Please provide three (3) names of people who support your decision to attend YouthBuild

Name: _____ Relationship _____ Phone No. _____

Name: _____ Relationship _____ Phone No. _____

Name: _____ Relationship _____ Phone No. _____

Substance Abuse Release

I hereby give my consent for the release of my confidential Urine Analysis Test results to be given to YouthBuild KCK as a part of my application. I understand that if I fail the Urine Analysis testing that I will be disqualified from further consideration with YouthBuild and I will be immediately dismissed from the application process.

Date: _____
Parent or Guardian/Signature

Media Release

I hereby give my consent and release for YouthBuild KCK to use my image, voice, or on-line publications for marketing and reporting to the Department of Labor and/or other applicable promotions without compensation.

Date: _____
Parent or Guardian/Signature

Data Release

I hereby give my consent and release to enter data concerning my attendance, performance and participation in any and all performance measurements websites connected with YouthBuild Kansas City, Kansas.

Date: _____
Parent or Guardian/Signature

Consent to Treat Minors (medical care)

I give consent and authority to any staff member of YouthBuild KC to transport to, and seek medical care for my minor child in case of an accident or medical emergency while at YouthBuild KCK. I authorize an attending physician and or medical care provider to perform diagnostic procedures and any necessary emergency care for my child.

Date: _____
Parent or Guardian/Signature

Application Certification

I certify that the facts set forth in this application are true and complete to the best of my knowledge.

Signature _____ Date _____

EEO Compliance

In compliance with the Executive Order 1124: Title II of the Education amendments of 1976; Title VI of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972; Title IX Regulation Implementing Education Amendment of 1973; Section 504 of the Rehabilitation Act of 1973; and all other federal and state school rules, laws, regulations and policies. YouthBuild Kansas City, Kansas, a United Way program shall not discriminate on the basis of sex, race, color, national origin, or handicap in the programs or activities which it operates.