



**Community Services Block Grant
American Recovery & Reinvestment Act of 2009**



This project, program, or service is funded in whole or in part by the American Recovery and Reinvestment Act of 2009 in cooperation with the California Department of Community Services and Development and Community Action Partnership of Riverside County.

PRE-APPRENTICESHIP PROGRAM



2009 Youth Application Packet



CSBG – ARRA (2009) Youth Application Packet

Thank you for your interest in applying for the Pre-apprenticeship Program. The forms included in this packet are for 2009 application year. All forms must be completed before your training experience can begin.

Please send completed and signed forms to CAP Riverside (attention: Lyn Garcia). Every effort will be made to match your area of interest with an employer/training site mentor in your community.

If you have questions about any of this information please contact:

Lyn Garcia, Youth Programs Coordinator

**Community Action Partnership of Riverside County
2038 Iowa Avenue Suite B-102, Riverside CA 92507**

Phone: (951)955-4900

TTY: (Hearing Impaired) (951)955-5126

Fax: (951)-955-6506

Email: Lyn Garcia@capriverside.org

Web address: www.capriverside.org

1. Student Application Form
2. Student Motivation Statement
3. Emergency Contact Information
4. Income Certification (*to be completed and signed by parent or guardian*)
5. General Summary of Minor's Work Regulations (yours to keep)





CSBG – ARRA (2009) Community Action Partnership of Riverside County Pre-apprenticeship Youth Application

Last name:		First Name:		Middle Initial:
Street Address			City:	Zip
Home Phone: () ()		Cell Phone: () ()		Email Address (<i>print clearly</i>):
Family Composition: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two parent <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/> Other (Describe): _____		Race (<i>may check one or more</i>): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____
Present Grade level:	GPA:	High School Attending:		# of members Living in Household:
What type of employment training do you desire? <input type="checkbox"/> Retail <input type="checkbox"/> Maintenance <input type="checkbox"/> Computer Tech <input type="checkbox"/> General Office <input type="checkbox"/> Construction <input type="checkbox"/> Other _____			How many hours per week can you work? _____ What hours are you in school? _____ Do you have..... Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes; Number _____ California ID? <input type="checkbox"/> No <input type="checkbox"/> Yes; Number _____ Own your own car? <input type="checkbox"/> No <input type="checkbox"/> Yes	
How many miles are you willing to travel to work? <input type="checkbox"/> 1 – 10 <input type="checkbox"/> 11 – 20 <input type="checkbox"/> 21 Plus			Are your parents/family supportive of you getting a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Skills (<i>Please check all that apply</i>): <input type="checkbox"/> Computer <input type="checkbox"/> Internet <input type="checkbox"/> Copier <input type="checkbox"/> Facsimile (Fax) <input type="checkbox"/> Touch Calculator <input type="checkbox"/> MS Access <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> MS Word <input type="checkbox"/> Keyboarding speed (WPM: _____) List Other Skills: _____ Do you know a language other than English? YES NO Speak: _____, Read: _____, Write: _____				
Available Start Date:		School or Youth Counselor Name (<i>print clearly</i>):		Contact Phone Number:
_____		_____		(____) _____
Student Applicant Signature: _____ Date: _____				
Parent/Guardian Signature: _____ Relationship: _____ Date: _____				
For CAP Use Only				
Mentee ID:		Mentor ID:		
Date of Hire:		Date Completed / Exited Program:		
Comments:				

Return completed application packet by mail to:

Pre-apprenticeship Program • Attention: Lyn Garcia, Planning Division 2038 Iowa Avenue Suite B-102,
Riverside, CA 92507 • Tel: (951) 955-4900 • TTY(Hearing Impaired) (951) 955-5126 Fax (951) 955-6506

LynGarcia@capriverside.org

**Community Action Partnership of Riverside County
Pre-apprenticeship Emergency Contact Information**

Student's Name: _____

Primary Contact		
Name:		
Last	First	M.I.
Address:		
Street		
City	State	Zip
Telephone:	Day:	Evening:
Relationship to Applicant:		

Secondary Contact		
Name:		
Last	First	M.I.
Address:		
Street		
City	State	Zip
Telephone:	Day:	Evening:
Relationship to Applicant:		



Pre-apprenticeship Income Certification 200% of the 2009 Poverty Guidelines

Youth Name: _____

Circle the number of persons in your household. Circle the Monthly/Yearly income of your family

Size of Family Unit or Number in Household	Monthly Income	Annual Income
1	\$1,805.00	\$21,660
2	\$2,428.33	\$29,140
3	\$3,051.66	\$36,620
4	\$3,675.00	\$44,100
5	\$4,298.33	\$51,580
6	\$4,921.66	\$59,060
7	\$5,545.00	\$66,540
8	\$6,168.33	\$74,020

For Family units with more than 8 members, add \$7,480 for each additional member. (The same increment applies to smaller family sizes, as can be seen in the figures above)

I certify that the total household income for the above individual *does/does not* (circle one) exceed the established poverty guidelines indicated above.

Parent/Guardian's Signature

Date

Return completed application packet and mail to:

**Community Action Partnership of Riverside County
Pre-apprenticeship Program**

Attn: Lyn Garcia, Planning Division

2038 Iowa Avenue Ste B-102, Riverside, CA 92507

- Tel: (951) 955-4900 TTY: (Hearing Impaired) (951) 955-5126 • Fax (951) 955-6506
- Email Address: LynGarcia@capriverside.org