

**YouthBuild Participants Application**  
Complete ALL Parts of the application

Date \_\_\_\_\_ Referral source: \_\_\_\_\_

**Please tell us about you:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate contact number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

Race: American Indian/Alaskan Native Native/Hawaiian/Pacific Islander Asian  
African American/Black Caucasian/White Other \_\_\_\_\_

Ethnicity: Hispanic Non-Hispanic Marital Status: Single Married Separated  
Divorced Widowed Domestic Partner

What is the best way to communicate with you? Check all that apply.

Phone Text E-mail \_\_\_\_\_ Other \_\_\_\_\_

Do you use any of the following social sites on the Internet? Check all that apply.

Facebook LinkedIn Twitter Instagram Other \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

**Office use only: ID, birth certificate, and SS card attached yes or no**

**Education:**

Are you currently enrolled in high school? Yes No If Yes, school name: \_\_\_\_\_

Grade: \_\_\_\_\_ If No, highest school grade completed: \_\_\_\_\_

Are you/were you enrolled at Bayou Cane Adult Education? Yes No Start date: \_\_\_\_\_

End date: \_\_\_\_\_

Have you ever taken a TABE test? If yes, list test taken, date, and score(s)

\_\_\_\_\_

Do you have a high school diploma or GED?          Diploma          GED          Year obtained: \_\_\_\_\_

Have you ever attended college?          Yes          No          If Yes, name of college: \_\_\_\_\_  
Course of study: \_\_\_\_\_          Dates attended: \_\_\_\_\_

While in school did you receive any accommodations?          Yes          No  
If Yes, what type (IEP, 504 Plan, Special Education classes, etc. )? \_\_\_\_\_

**Office Use: educational documentations attached yes or no**

**Family, Living, Other:**

What is your current living situation?          Living with family          Own/rent apartment, room, or house  
Staying at someone's apartment, room, or house (Stable)          Halfway house/Transitional house  
Residential treatment          Homeless          Staying at someone's apartment, room, or house (Unstable)  
Staying with foster guardian/in foster system

**Income verification**

Marital status:    Single    Married    Divorced    Cohabiting

Do you have children? If so, how many? \_\_\_\_\_          Do your children live with you?    Yes          No

Do you have any other dependants living with you?    Yes          No    If so, how many? \_\_\_\_\_

Do you pay child support?    Yes          No    If Yes, how much do you pay monthly? \$ \_\_\_\_\_/month

Are you currently receiving any of the following?

SNAP (Food Stamps) \$ \_\_\_\_\_/month          TANF \$ \_\_\_\_\_/month

SSI \$ \_\_\_\_\_/month          SSD \$ \_\_\_\_\_/month

Unemployment Insurance \$ \_\_\_\_\_/month

Medicaid    Medicare    Private Health Insurance    No health insurance

Other Public Assistance    Type \_\_\_\_\_    Amount \$ \_\_\_\_\_/month

Source of income: \_\_\_\_\_

**Office use: income verifying documentation yes or no**

**Court information**

Have you ever been convicted of a misdemeanor or felony?    Yes          No

If yes, please describe the crime, and include dates, jurisdiction ( place, city, state) and status of the case.

Are you on probation or parole?    Yes          No

If yes, please select which one:          Probation          Parole

Beginning & Ending Date: \_\_\_\_\_

Name and phone number of probation officer: \_\_\_\_\_

Do you have pending litigations?    Yes          No

**Only use: court records/ documentation yes or no**

**Health and Wellness**

Do you have any health problems : Yes No If yes, please describe: \_\_\_\_\_

Do you drink alcohol? Yes No If yes, approximately how often? \_\_\_\_\_ How much? \_\_\_\_\_

Do you use drugs ? Yes No If yes, what type? \_\_\_\_\_ How often? \_\_\_\_\_

(Answering yes to this question **does not** disqualify you from the program. Our goal is to help you seek the appropriate treatment to help you into recovery.)

Have you received counseling for drug use? Yes No

If yes, please describe the situation and the treatment you have received or are engaged in related to the dependency : \_\_\_\_\_

**Mental Health History**

Have you ever been diagnosed with a special needs or mental health condition? Yes No

If yes, please give date and diagnosis: \_\_\_\_\_

Name of diagnosing doctor or mental health provider: \_\_\_\_\_

Do you take medication(s) Yes No If yes, what medication(s) do you take and how often \_\_\_\_\_

Have you ever been hospitalized for any medical, emotional, or mental health reason? Yes No

If so, when and why: \_\_\_\_\_

**Training & Employment:**

Employment status? Employed Not Employed

If Employed, please provide your employment information below:

Employer's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ City, State: \_\_\_\_\_

Start and End Date: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Work duties: \_\_\_\_\_

Name and contact information of Supervisor: \_\_\_\_\_

Have you ever participated in a job or vocational training program: Yes No

Name, location, and date attended: \_\_\_\_\_

Have you ever had any construction or occupational skills experience? Yes No

If so, what did you learn from the experience? \_\_\_\_\_

\_\_\_\_\_

**Selective service information**

Are you a veteran of the military? Yes No If Yes, what branch of service? \_\_\_\_\_

What type of discharge? \_\_\_\_\_ Dates of service: \_\_\_\_\_

If you are a **male** and **18 y/o or older** are you registered with Selective Services? Yes No N/A

**Other:**

U.S. Citizen Yes No

Authorized to Work Yes No

Registered to Vote                      Yes              No  
Driver's License                        Yes              No

Personal Goals:

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What did you want to gain from YouthBuild:

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If you are accepted as a participant in this program, you will be expected to work hard to obtain your certificates and HiSet and spend on less than 6 hours per day- Monday- Friday as follows:

50% of your time in an instructional setting with an emphasis placed on reading, writing, math, skills training and HiSet preparation.

40% of your time in jobsite construction and selected healthcare training, and

10% of your time in community services and leadership development

You will also be expected to be at the class site or worksite on time each day. You will be required to participate in all program activities. Do you accept such a schedule?    Yes              No

### Emergency contact information

Please provide the name and contact information for persons during emergency situations.

Name, address, and phone number: \_\_\_\_\_

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### Approval signatures

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

If under 18, parent/ guardian's name: \_\_\_\_\_

Approval: Parent/ guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: Please attach the following information to the application: copy of;**

- **ID**
- **Birth certificate**
- **Social Security card**
- **School drop or diploma documentation**

The application can be turned in via email [kimberly.rister@startcorp.org](mailto:kimberly.rister@startcorp.org), [donald.douglas@startcorp.org](mailto:donald.douglas@startcorp.org), mail/drop off @ 216 Venture Blvd. Houma La 70360, or facebook @ startcorpyouthbuild

Partnered with: LA workforce, Department of Labor, and Bayou Cane

**FOR OFFICE USE ONLY**

Date application was reviewed: \_\_\_\_\_

Date student was called to setup interview: \_\_\_\_\_

Date and time interview was scheduled for: \_\_\_\_\_

Did student show up for scheduled interview?      Yes      No  
If No, did student call to reschedule?      Yes      No  
If Yes, what date and time did student reschedule for? \_\_\_\_\_

Was student chosen for panel interview?      Yes      No  
If Yes, what date and time was student scheduled for? \_\_\_\_\_

Did student show up for panel interview?      Yes      No  
If No, did student call to reschedule?      Yes      No  
If Yes, what date and time did student reschedule for? \_\_\_\_\_

Was the student selected for Mental Toughness?      Yes      No  
Did student attend Menatal Toughness?      Yes      No  
If Yes, has the student signed the YouthBuild Participant Agreement?      Yes      No  
Date of Mental Toughness: \_\_\_\_\_

Comments regarding interviews and mental toughness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the student selected to participant in the upcoming cohort?      Yes      No      Cohort assignment: \_\_\_\_\_

If No, what was the reasoning and was the student given a list of resources?

List of reasoning and referrals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enrollment Approval \_\_\_\_\_ Date: \_\_\_\_\_