



CAREER CONNECTIONS PROGRAM

APPLICATION

Program Begins on

Thank you for your interest in the Career Connections Program for San Francisco youth ages 15-25! Please complete this ENTIRE application. If you have questions or concerns about the application, you may contact the Hire-Ability office phone at: (415) 920-6877.

WHAT WILL I GET?

- Paid work training and work experience: a stipend award at the end of the three-month training period and hourly stipends during the internship equal to the San Francisco minimum wage.
- Career guidance and support that matters to **YOU!**
- Peer and adult staff members to help with college & employment placement and support.
- Chances to explore new careers through job shadowing, internships, and networking.

WHAT ARE THE REQUIREMENTS?

In order to participate in this program, you must meet **ALL** of these requirements:

- ✓ Be a resident of San Francisco
- ✓ Be between the ages of 15 and 25
- ✓ **Currently** receiving services through SFDPH Behavioral Health Services (SFDPH-BHS)
- ✓ Available for a total of 6-14 hours per week including time spent at program workshops, time spent at worksite, and time spent in one-on-one meetings with program staff
- ✓ Available to attend **mandatory** weekly workshops from **4-6pm on Thursday afternoons.**
- ✓ Ability to travel within the city of San Francisco
- ✓ Must be able to provide documentation you are legally eligible to work in the United States in order to receive payment for participation in the program

Please send your completed application by fax, US mail, or in person to:

Hire-Ability Vocational Services
1234 Indiana Street, San Francisco
San Francisco, CA 94107
Attn: Christian Riberio, TAY Program Coordinator
Fax: (415) 920-6877

*Questions? Please call or text Christian at (415) 530-9080
 Or send an email to: christianribeiro@hire-ability.org*

First Name:		Last Name:	
Home Phone:		Email:	



Cell Phone:		Date of Birth:	
Address:		City, State, ZIP:	

What is the best way to contact you? (Click on box to select.)

Cell / Home Phone / Email / Other:

Who can we contact if we cannot reach you?

Name: _____ Phone: _____

Program Requirements (click on box to select one)

- Are you currently a San Francisco resident? **Yes** **No**
- Are you currently receiving services through BHS? **Yes** **No** **Not sure**
If you are not currently receiving services through BHS, please call (415) 503-4730 for linkage to services
- Are you able and willing to commit to the nine-month long program? **Yes** **No**
- Are you available to work 6-18 hours per week and to attend weekly workshops from 4-6pm on Weekday afternoons? **Yes** **No**

References

Please provide two references. One reference may be the therapist/counselor who referred you to this program. The other should be an adult who is NOT a family member—such as a teacher, school counselor, or coach.

Reference #1

Name: _____ Phone: _____

Relationship to You: _____ Email: _____

Reference #2

Name: _____ Phone: _____

Relationship to You: _____ Email: _____

Signature

Please read each paragraph then sign below.

I certify that I have not purposely withheld any information that might negatively affect my chances for acceptance. The answers given by me are true & correct to the best of my knowledge and ability.

I permit RAMS to contact the references I provided regarding the TAY Vocational Services program. I authorize the references I have listed to provide any information about my related experiences, without giving me prior notice of such disclosure.

Applicant's Signature: _____ **Date:** _____

Signature of Applicant's Legal Parent/Guardian (if under 18): _____

Date: _____

Please note: a separate parent/guardian consent form must be signed for a minor youth to participate in the TAY Vocational Program.

Motivation Questions

In the space below, please type or neatly write your answers to these three questions. Your answers don't need to be long, but they should be thoughtful!

1. What are some areas you would like to grow in or need help with? What would you like to gain by participating in this program? *(For example: learning how to interview for a job, managing my time, motivating myself, etc.)*

2. What are your hobbies or interests?

3. Have you ever worked or volunteered before and where (please list):

3. If you could have one super power, what would it be and why?

Are you currently participating in any other programs, sports or extra-curricular activities?

Yes No

If yes, what is the name of the organization or program that you are participating in?

When will it end?

Completed Application Check List

Please include ALL of the following with your application:

- 1. Completed **application form**.
- 2. Copy of **proof of San Francisco residency** (driver's license, CA state ID, SFUSD school student ID, birth certification, or Social Security card)
- 3. Completed **short answer questions** typed or written in BLUE or BLACK ink.
- 4. Parental or guardian consent for applicants under the age of 18.

Please send your completed application by fax, US mail, or in person to:

Hire-Ability Vocational Services
1234 Indiana Street, San Francisco
San Francisco, CA 94107

Attn: Christian Riberio, TAY Program Coordinator
Fax: (415) 920-6877

Questions? Please call or text Christian at (415) 530-9080
Or send an email to: christianribeiro@hire-ability.org

The Career Connections Program is offered by Hire-Ability Vocational Services, which is a division of Richmond Area Multi-Services, Inc. (RAMS), with funding from SFDPH-BHS-MHSA.