

2009 Town of Stratford Summer Youth Employment Program Eligibility and Selection

Overview:

The Town of Stratford is conducting a town-funded Summer Youth Employment Program for a limited number of Stratford youth. Youth will work 2.5 consecutive days for a total of 17.5 hours a week for six weeks beginning July 6, 2009 to August 14, 2009 at \$8.00 per hour. They will be working under the supervision of the Department of Public Works, painting municipal facilities.

Eligibility:

- Stratford residents
- Ages 14 to 21 years (Birth date between 07/01/1988 to 07/01/1995)
- Eligible for free or reduced-price lunch during the 2007-08 school year **or**
- Receive special education services through the Stratford Public Schools
- Must be available to participate in the entire program, no exceptions

Deadline:

Submit the completed applications by **June 19, 2009 at 3:00 p.m.** to Stratford Community Services, Birdseye Municipal Complex, 468 Birdseye Street, Stratford, CT 06615. For additional information, call 385-4095.

Selection:

Youth submitting applications by the deadline will be selected by lottery. Only those youth selected by lottery will be notified by telephone on June 22, 2009.

Selected youth must be available to meet at the Birdseye Municipal Complex on June 23 and 24, 2009 and present the following documentation:

- Copy of Birth Certificate
- Copy of Third Marking Period Report Card
- Copy of Social Security Card
- Verification from the Stratford Public Schools of eligibility for free or reduced-price lunch for 2008-09 **or** letter from Stratford Public Schools official specifying special education status for 2008-09

Upon verification of documentation, selected youth must be available for a physical examination to be completed on June 25, 26, or 27, 2009 at Med-Now, located at 1040 Barnum Avenue, Stratford. There is no charge to the youth or their family for the physical examination. In addition there will be a mandatory 1- hour paid orientation on July 1, 2009.



2009 Town of Stratford Summer Youth Employment Program Permission and Release of Information

I understand that my application for the above program is not a contract or offer of employment. Should the Town of Stratford employ me, I will conform to the rules and policies of the Town of Stratford. I understand that any employment is at-will and may be terminated by the Town at any time. I authorize the Town to conduct a background check of references, educational institutions, employers and other records, including criminal conviction records. I agree to take a pre-employment physical, including a drug test, and to release the results to the Town. Any offer of employment will be contingent upon passing the medical and drug tests and background check.

I have read, understand and agree to the foregoing.

Signature of Applicant: _____ Date: _____

I am the parent or legal guardian of the above applicant. I agree that the applicant may be employed by the Town in a summer youth employment program. I further agree to a background check of the applicant by the Town and to a pre-employment physical, including a drug test, for the applicant. I affirm that I have reviewed the application and documentation required and that the information supplied is complete, true and correct.

I give permission to the Stratford Public Schools to release information about my child's eligibility for free or reduced price meals, Statement of Age Working Papers, and if applicable, special education services during the 2008-09 school year.

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

Address of Parent or Guardian: _____

Telephone Number of Parent or Guardian: _____



2009 Town of Stratford Summer Youth Employment Program Application

Name _____ Date of Birth _____

Address _____ School _____ Grade _____

Town & Zip Code _____ Home Phone # _____

E-mail Address _____ Cell Phone# _____

Allergies, medical conditions, special concerns: _____

Gender (for statistical purposes, please circle): Male Female

Ethnic background (for statistical purposes, please circle one):

African-American Hispanic/Latino White Multiracial

Asian Native American Other _____

Mother _____ Father _____

Address _____ Address _____

Town _____ Town _____

Phone: Home _____ Phone: Home _____

Work # _____ Work # _____

Cell # _____ Cell # _____

Who do you live (for statistical purposes, please circle one):

Birth Parents Birth/Step Parents Single Mother Single Father

Grandparents Relative Foster Parent

Please list an emergency contact other than a parent:

Name _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

I give my permission for my son/daughter, _____,
to participate in the 2009 Town of Stratford Summer Youth Employment program and evaluation of the program
sponsored by the Town of Stratford. I also give permission to have photos taken of my child to be used for public
relations purposes.

Parent/Guardian Signature_____
Date