



# GAP's 2013 Summer Youth Employment Program (SYEP) Participant Application

## Instructions:

GAP's Summer Youth Employment Program (SYEP) offers work experience, teaches valuable employment skills and provides you with an opportunity to earn a summer income. GAP SYEP educational workshops will allow you to develop career awareness, work related social skills, personal money management and take pride in working and being part of keeping your community clean and safe.

GAP's SYEP is open to all City of Los Angeles residents in Council District 14 communities of Boyle Heights, Eagle Rock and El Sereno, between the ages of 15 through 18. Students under 18 years of age will need a worker's permit. Please contact your School's Career Center for information on how to obtain one. \$8.00 an hour, 20 hours a week, 5 days a week (M-F), and a 4-week commitment. Program begins on Monday, July 8th and ends on Friday, August 2nd.

ONE application per participant. For more information, please contact:  
SueAnn D. Ballat at toll free at 1-888-293-9323 or by email at [sueannballat@gangfree.org](mailto:sueannballat@gangfree.org)

The DEADLINE for your application packets is **MONDAY, JUNE 24, 2013 by 5:00 PM.** DO NOT MAIL APPLICATIONS.

We will only accept applications by the one of the following ways:

- 1) By fax: (310) 519-8730 ATTN: SYEP
- 2) Email attachments to: [sueannballat@gangfree.org](mailto:sueannballat@gangfree.org)
- 3) Drop off during business hours, M-F from 8:00am-4:30pm at any of the following GAP Provider and Partner Locations:

A.) GAP Main Office 309 W. Opp Street Wilmington, CA 90744	B.) WLCSC Office 2555 Industry Way Lynwood, CA 90262	C.) CD 14 Boyle Heights Office 1870 E. 1 <sup>st</sup> Street Los Angeles, CA 90033
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**SUBMISSION FOR AN APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE PROGRAM.**

If you are selected for SYEP, you will be notified by the provider and be asked to attend a MANDATORY orientation. You must attend one.

The following are scheduled dates for the orientation (please check a date/time):

<input type="checkbox"/> Monday, July 1st	<input type="checkbox"/> 10:00 am	<input type="checkbox"/> 2:00 pm
<input type="checkbox"/> Wednesday, July 3rd	<input type="checkbox"/> 10:00 am	<input type="checkbox"/> 2:00 pm

**Failure to attend the orientation will make you ineligible to participate in SYEP.**

One application will be accepted for each applicant. COMPLETED applications will be entered into a lottery to determine those applicants who will be offered a position in the Summer Youth Employment Program (SYEP). SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM. The following application items: Spoken language, ethnicity, disability status, and income status will be treated confidentially. They can not be used to affect your status in eligibility.

## Participant Application

### Youth Information:

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>		<b>City:</b>	
<b>State:</b>		<b>Zip Code:</b>	
<b>Telephone:</b>	<b>Hm:</b> <b>Cell:</b>	<b>Email:</b>	

Best method to reach you (*check one*):  Hm  Cell  Email

Social Security Number (*please be accurate*): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (*check one*):  Male  Female

Ethnicity (*check one*):  White (Non-Hispanic)  Black/African-American  
 Hispanic/Latino  Asian/Pacific Islander  
 American Indian  Other

### Educational Background:

<b>School Name:</b>		<b>Address:</b>	
<b>Last grade completed:</b>		<b>Telephone:</b>	

### Parent/Guardian Information:

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>		<b>City:</b>	
<b>State:</b>		<b>Zip Code:</b>	
<b>Telephone:</b>	<b>Hm:</b> <b>Cell:</b>	<b>Email:</b>	

Total family income (gross): \$ \_\_\_\_\_ No. of family members in household \_\_\_\_\_

Were you employed as Summer Youth Employee in any of the follow years?

Summer 2008       Summer 2009       Summer 2010       Summer 2012

I, undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I understand that any false statements may subject me to criminal prosecution under both State of California Penal Laws, section 528-539 and Federal Law, 18 U.S.C.A. 1001, and to civil action for return of all monies received. I agree and accept that I will abide by all applicable rules and regulations of this program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SYEP Provider Intake Signature

\_\_\_\_\_  
Date

**Please submit and return the following with the application packet NO LATER THAN MONDAY, JUNE 24, 2013 BY 5PM PST.**

**Incomplete packets will not be accepted:**

**1. SYEP Program application (completed in full)**

**2. Proof of Identity**

- Copy of Official Picture ID (school, city, state, government issued)
- Copy of your social security card
- Copy of your Birth Certificate

**3. Proof of Employment Authorization**

- Original school work permit (if under 18)

**4. Proof of Address**

- Home Utility Bill or
- Current Lease Agreement or
- Official Mail from a Federal, State or City Agency

**5. GAP SYEP Policies and Procedures Forms**

- Signed Parent and/or Guardian permission form
- Signed Parent and Youth SYEP Employment Policies
- Signed Parent and Youth SYEP Employment Dress Code

**Only copies of these documents will be accepted.**

***For office use only:***

NH

SYEP CD14

OH

SYEP CD15