

## **ULSTER YOUTHBUILD**

*(Ulster YouthBuild is an Equal Employment Opportunity Agency)*

**2 Main Street, Kingston, NY 12401**

**Phone (845) 331-2381 Fax (845) 331-2531**

**Website: [ulsteryouthbuild.weebly.com](http://ulsteryouthbuild.weebly.com)**

**Facebook.com/[ulsteryouthbuild.ymca](https://www.facebook.com/ulsteryouthbuild.ymca)**

**Twitter: [@ulsteryouthbuild@ymcayouthbuild](https://twitter.com/ulsteryouthbuild)**

### ***Application Instruction Cover Page***

**Ulster YouthBuild** is a **drug free program in accordance with the Drug Free Workplace Act** offering disadvantaged low income, youth and young adult's ages 16 - 24 with construction skills training and educational services. Participants **may** receive cash incentives (job training stipend) for the time spent in YouthBuild's job training component. The program is open to all Ulster County residents who meet income and age guidelines. Participants must be school dropouts. In order to apply for **Ulster YouthBuild** **YOU must complete the attached application using INK, not pencil.** *(Not your parent or guardian or anyone else)*

**APPLICATION INSTRUCTIONS - Answer all questions** - use N/A or draw a line if no answer is applicable.

**Please read the following instructions carefully before YOU complete the application.** All required documentation must be submitted with your application. Make sure you sign the application, and if under age 18, your parent or legal guardian must also sign. Your placement is subject to eligibility, interview results, and availability of funds. Final acceptance into Ulster YouthBuild will be determined by the selection committee of Ulster YouthBuild.

In order for this application to be processed and your eligibility for YouthBuild determined, you must **include written documentation of the following** and be sure to submit non-returnable copies. Ulster YouthBuild will not be responsible for returning documents.

**This application will not be considered unless all paperwork and files are up to date and completed.**

**A. PROOF OF YOUR AGE AND CITIZENSHIP**

1. Copy of **your** Birth Certificate and **your** Social Security Card.
2. If you are not a United States citizen, a copy of your INS Alisa Registration Card
3. **Photo ID - NYS Photo Non Drivers ID, Non expired NYS Learners' Permit, or current NYS Drivers' License**

**B. PROOF OF ULSTER COUNTY RESIDENCY (an envelope mailed to you and received by you at your address)**

**C. PROOF OF Household INCOME (include everyone that lives in your house)**

1. Proof of household income for the past **six (6)** months. (Pay stubs or a statement from employer, SSI letters, disability documents, survivors' benefit statement, child support decrees - all that may apply to your household.)
2. Copy of Current IRS 1040, 1040A, or 1040EZ tax forms (Form 1722)

**D. SELECTIVE SERVICE REGISTRATION (males age 18 and over only)**

1. Copy of official documentation that you have registered with the Selective Services.

**E. PROOF OF VOTER REGISTRATION - if over 18 years of age.**

**F. WORKING PAPERS/CARD if under 18 years of age. (Get this from your high school guidance office- we must have original)**

**G. SIGNED CONSENT TO ALL RELEASE INFORMATION FORMS attached to this application.**

***Ulster YouthBuild DOES NOT follow the regular school schedule. We are in session 12 months a year, Winter & Spring Breaks, etc., Monday through Friday 8:00 a.m. to 3:30 p.m., either in the Classroom, or at the Construction Site in Kingston. (Or otherwise announced by the Ulster YouthBuild Program Director).***

If you have any questions, please contact our office at **845-331-2381**, or visit **Ulster YouthBuild, BRC – Room 201, 1 Development Court, Kingston, NY 12401**, during the hours between 8 a.m and 3:30 p.m. Monday thru Friday. You may FAX your completed application to YouthBuild at **845-331-2531**.

# Ulster YouthBuild - Entry Application

(Application will not be accepted unless every question is answered. Use N/A or Draw a Line if no answer applicable)

Name: \_\_\_\_\_ SS # \_\_\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ c/o \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_

Citizenship status: \_\_\_\_\_ US Citizen: \_\_\_\_\_ Permanent Resident Alien: \_\_\_\_\_ other: \_\_\_\_\_

Name & Address of last school attended: \_\_\_\_\_

Date you last attended: \_\_\_\_\_ Name of your Counselor: \_\_\_\_\_

Highest Grade finished: \_\_\_\_\_ Do you have a limited ability to speak English: \_\_\_\_\_

Do you have a drivers' license? \_\_\_\_\_ Permit? \_\_\_\_\_

Have you graduated from High School or received a GED? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes please provide a copy of diploma.*

Did you have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No Were you in a special education class? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your ethnicity Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your race? (Please choose all that apply) \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ Hawaiian/Pacific Islander  
\_\_\_\_\_ American Indian/Alaskan \_\_\_\_\_ Multi Racial (Specify which races apply) Other: (please specify) \_\_\_\_\_

Did your parents complete college or post secondary education? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a physical or mental disability that results in a substantial barrier to employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain? \_\_\_\_\_

Do you live by yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No Do you live with Parents? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have children? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many? \_\_\_\_\_ Date of Birth of Oldest \_\_\_\_\_

Birth date of youngest \_\_\_\_\_ Do you live with your children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you receive public assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does someone else in your household receive public assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a non-custodial parent of a child who receives AFDC/TANF? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a foster child? \_\_\_\_\_ Yes. \_\_\_\_\_ No. Are you Aged-out of Foster Care? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you use alcohol? \_\_\_\_\_ Yes. \_\_\_\_\_ No. If yes, how often? \_\_\_\_\_

Do you use Marijuana? \_\_\_ yes \_\_\_ no. If yes, how often? \_\_\_\_\_

Do you use Cocaine? \_\_\_ yes \_\_\_ no. If yes, how often? \_\_\_\_\_

Do you use Heroin? \_\_\_ yes \_\_\_ no. If yes, how often? \_\_\_\_\_

Do you use any other illegal substance? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, what \_\_\_\_\_

Are you undergoing Substance Abuse Treatment at this time? \_\_\_\_\_

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, was Intensive aftercare provided? \_\_\_ YES \_\_\_ NO

If yes, for what/where \_\_\_\_\_

Case pending? \_\_\_ yes \_\_\_ no Court date? \_\_\_\_\_ Where? \_\_\_\_\_

Ever been convicted of a misdemeanor? \_\_\_ yes \_\_\_ no. A felony? \_\_\_ yes \_\_\_ no.

Ever been at a Juvenile Detention Facility? \_\_\_ yes \_\_\_ no. If yes, where? \_\_\_\_\_

Ever been at an Adult Correctional Facility? \_\_\_ yes \_\_\_ no. Ever incarcerated? \_\_\_ yes \_\_\_ no.

If yes, where? \_\_\_\_\_ When: \_\_\_\_\_ how long? \_\_\_\_\_

Ever been on Probation? \_\_\_ yes \_\_\_ no. From \_\_\_\_\_ to \_\_\_\_\_ Name of Probation Officer: \_\_\_\_\_

Ever been on Parole? \_\_\_ yes \_\_\_ no From \_\_\_\_\_ To \_\_\_\_\_

Did you lose your voting rights? \_\_\_ yes \_\_\_ no. Have you tried to have voting rights reinstated? \_\_\_ yes \_\_\_ no

**EMPLOYMENT HISTORY:** Are you now employed? \_\_\_ yes \_\_\_ no

	Job #1 - Most Recent	Job 2	Job 3
Employer			
Effective Dates			
Job Title			
Salary/ Wage per hr			
Hours per week			
Supervisors' name			
Reason for leaving			

The following **MUST** be completed to certify eligibility for enrollment in *Ulster YouthBuild*.

**All household income MUST be documented** (see instruction page for details).

***This section must be completed*** - list every person that lives in your house with you, their age, relationship and their income if any. If no income, write that in. If unemployed, write that. If on SSI or Disability, write that & attach grant letter stating amount.

<i>Names of every person that lives full time with you in your house.</i>	<i>Age</i>	<i>Relationship</i>	<i>Source of Income (Job)</i>	<i>Total Household Income Past 12 months**</i>

**\*\*Please submit pay stubs for the past 6-12 months for each member living in your house or apartment, or employer statement of earnings for past 6-12 months for each household member that is employed. This program is for low-income at risk young people and must follow the low income base. \*\***

**Current Living Status:**

Living with family  Living Alone  Living with Friends  House/apartment

Homeless  Living in Homeless Shelter, where \_\_\_\_\_

Group Home, where \_\_\_\_\_ Public Housing, where \_\_\_\_\_

Do you or any member of your family receive: (please check all that apply)

AFDC  Home Relief  SNAP (Food Stamps)  Medicaid  Unemployment Compensation

Foster Child Payments  SSI  Workers Comp Payments  Disability Payments

If you or a member of your family receives public assistance, indicate grant number \_\_\_\_\_

Monthly Amount \$ \_\_\_\_\_ and attach a copy of your grant letter.

**PERSONAL REFERENCES:**

	Reference #1	Reference #2	Reference #3	Reference #4
Name				
Address				
Phone Number				
How long known?				
Relationship				



My (our) signature(s) below indicates that I (we) understand the eligibility information provided with this application and certify that it is true and correct and subject to confirmation. I (we) further understand that falsification is grounds for termination from **Ulster YouthBuild** (if accepted) and may result in legal action to recover any monies (incentives, stipends) paid while participating in **Ulster YouthBuild**. It is understood that nothing in this application should be viewed as expressing directly or indirectly and limitation, specification, or discrimination as to age, race, creed, color, sex, national origin, disability or marital status. By signing this application, I (we) also agree to applicant's complete and satisfactory participation in **YouthBuild AmeriCorps** projects, all leadership development workshops, all educational field trips and all workshops that are planned for **Ulster YouthBuild** members.

**We understand that Ulster YouthBuild DOES NOT** follow the regular school schedules. Program is in session 12 months a year, including summer, winter & spring school breaks, etc. Monday through Friday 8:00 a.m. to 3:30 p.m., either in the YouthBuild Classroom, or at the YouthBuild Construction Site in Kingston. (Unless otherwise announced by the **Ulster YouthBuild** Program Director)

\_\_\_\_\_  
Applicant's Signature (applicant must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature  
(If applicant is under 18)

\_\_\_\_\_  
Date

Please return this application fully completed (all questions must be answered) with all documentation (as outlined in application instructions cover page) to:

**Ulster YouthBuild**  
(An Equal Employment Opportunity Agency)  
**BRC - Room 201, 1 Development Court**  
**Kingston, NY 12401**  
**PHONE: 845-331-2381 FAX: 845-331-2531**

**\*\*\*All questions/blanks must be completed or application will not be accepted\*\*\***

If you have any questions, please contact our office, or visit **Ulster YouthBuild, BRC – Room 201, 1 Development Court, Kingston, NY 12401.**

# ULSTER YOUTHBUILD

BRC – Room 201, 1 Development Court, Kingston, NY 12401 - (845) 331-2381

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## ULSTER YOUTHBUILD DRUG TESTING CONSENT & AGREEMENT

Ulster YouthBuild (an Equal Opportunity Agency) is a drug free program in accordance with the Drug Free Workplace Act.

In consideration of my acceptance/continuation in *Ulster YouthBuild*, I, \_\_\_\_\_ agree to submit to a drug screening by *Ulster YouthBuild* at their expense. I acknowledge that a urinalysis test may be conducted, and I, hereby, consent to the test.

If I am an *Ulster YouthBuild* applicant, I understand that my acceptance and/or continuation in the program may be conditional upon passing a screening. I further understand that failure to pass a screening will result in a waiver of 30 days for the purpose of **monitoring and retesting** at the end of the 30 days.

I understand that the test and analysis will be performed by the *Ulster YouthBuild* Counselor, and/or Leadership Development Trainer or other Staff Members. I consent to the release of my test results to authorized representative(s) of *Ulster YouthBuild*.

I, hereby, release *Ulster YouthBuild* from any and all liability arising out of the administration of said tests and the communication of the results. I understand that test results may be used to dispute acceptance and /or continuation in the *Ulster YouthBuild* program.

If I am an *Ulster YouthBuild* applicant, I understand that if I decline to provide a urine sample, or otherwise fail to cooperate in the testing procedure, my acceptance will be considered to have been voluntarily withdrawn. If I am a current *YouthBuild* participant, my failure to cooperate may result in termination from the program.

I understand that this *Consent and Agreement* is in addition to, and not in lieu of, any other authorization or consent which I may be required to execute prior to submitting to urine testing.

**I have read and fully understand the above.**

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Signature

Name (Printed)

Date Signed

**Note:** If you are under age 18 you must have your parent or legal guardian sign the Parental Consent Form below

### **Parental/Legal Guardian Consent**

I hereby acknowledge that I am the parent, legal guardian, or have legal custody \_\_\_\_\_ who is applying or is a participant with *Ulster YouthBuild*, and give my authorization for the above minor to consent to a drug or alcohol screening test. I authorize the release of the test results to authorized *Ulster YouthBuild* representative(s). I understand that test results may be used to dispute acceptance and/or continuation in the *Ulster YouthBuild Program*.

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Signature of Parent/Guardian

Name (Printed)

Date Signed

**Ulster YouthBuild**  
**AmeriCorps Service Program**  
**(An Equal Opportunity Agency)**  
**BRC – Room 201**  
**1 Development Court**  
**Kingston, N. Y. 12401**  
**845-331-2381**

***Consent to Release Information***

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_

I authorize (*agency/person's name*) \_\_\_\_\_

**To disclose any type of information including media coverage of program activities, any photos and/or videos taken to be used for program recruitment and marketing to Ulster YouthBuild, including permission for Americorps Criminal Background check. Program selection is contingent upon review of all Criminal History checks. Individual member may review & challenge the factual accuracy of the results before action is taken. Selection into the program is based on the results of the background checks.**  
**Information to disclose:**

\_\_\_\_\_

Purpose of Disclosure \_\_\_\_\_

This consent is subject to revocation at any time, except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon (Specific date, event or condition).

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**Signatures**

\_\_\_\_\_  
Client / Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (when required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Person in Lieu of Patient/Client  
(When required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness:

\_\_\_\_\_  
Date

If you have any questions, please contact our office at 845-331-2381, or visit Ulster YouthBuild , BRC – Room 201, 1 Development Court, Kingston, NY 12401.

# YouthBuild Emergency Contact Form

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Primary Physician Contact**

Name/Office: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Hospital of Choice/Number:** \_\_\_\_\_

## **Primary Emergency Contact**

Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## **Secondary Emergency Contact**

Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## **Other Information**

Date of Birth: \_\_\_\_\_

Allergies (Food, Insects, Etc.): \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

## ULSTER YOUTHBUILD GENERAL INFORMATION

Ulster YouthBuild (an Equal Opportunity Agency) is a **drug free program in accordance with the Drug Free Workplace Act**. This program is designed to provide on-site construction trades training for up to 40 participants to rehabilitate housing for **low income** families.

The participants must be from low income families meeting eligibility requirements, be ages 16 - 24, and be a resident of Ulster County. Participants accepted for this program may receive incentives (job training stipend) for their successful accomplishments in YouthBuild job training components.

The principle goal of YouthBuild is to increase the knowledge and skills of program participants through their active participation in a program consisting of education/literacy, related vocational education training, life skills/leadership development, and housing construction rehabilitation, enabling them to acquire a GED, and enter a post-secondary program or apprenticeship or acquire a job.

Through the Ulster YouthBuild Program disadvantaged high school dropouts 16-24 years of age will:

Clarify career goals by participating in a life-skills program/career development curriculum.

Improve basic academic/literacy skills by attending a GED or an Adult Basic Education program and/or receive individual tutoring.

Learn building trade skills at an on-the-job at housing sites in the in Ulster County.

Receive counseling and placement assistance for transition to post-secondary institutions, formal advanced Vo-Tec skills training or apprenticeship program (N.Y.S. DOL approved),

Entrepreneurship training and job placement after completing the Ulster YouthBuild Program.

Engage in leadership and life-skills activities that will develop their self-esteem, goal setting, communication leadership skills, as well as a broad array of personal living skills and pre-vocational skills necessary to function as successful independent adults.

Receive classroom instruction in Workplace Essential Skills (WPES) and counseling related to development of responsibility and Good work ethics.

Receive full case management services including crisis intervention, individual and family counseling, information and referral, and advocacy to ensure access to all available resources.

Develop a portfolio encompassing their work in all the program components; the portfolio will also contain an up-to-date resume, recommendations, and other job-related components.