Summer Programs Application
2016

Applications available electronically. Please email ***kanderson@birdstreet.org*** *or* ***dwoodson@birdstreet.org****, or go to* ***www.birdstreet.org/registration****.*

Thank you for your interest in working at Bird Street Community Center. In order to apply for a summer job or program at Bird Street Community Center, you must complete the following steps:

1. Read program descriptions and select the program you're interested in below:

Jobs and Entrepreneurship Programs:

- ☐ Junior Counselor *(16-17 year olds, at outdoor day camp)*
- ☐ Camp Athletic Assistant (*15-19 year olds, at outdoor day camp)*
- ☐ Administrative Assistant *(15-17 year olds)*
- ☐ Basketball Athletics Assistant *(15-19 year olds)*
- ☐ Math Is Not My Enemy *(Rising 8th - 11th grade girls)*
- ☐ Evening Program Assistant *(15-22 year olds)*
- ☐ Dance Arts Entrepreneurship *(12-17 year olds)*
- ☐ Fashion Design Arts Entrepreneurship *(12-17 year olds)*
- ☐ Boys Glassblowing Arts Entrepreneurship *(12-17 year old boys)*
- ☐ Social Media Entrepreneurship *(12-17 year olds)*
- ☐ Connections to College *(15-19 year olds)*

Summer Programs:

- ☐ Evening Program *(10 to 22 year olds)*
- ☐ Basketball Boot Camp
- ☐ Basketball Outdoor Evening League

2. Submit complete application packet to Bird Street Community Center:

- ☐ Complete application (personal, household, school, and health information, parent signature)
- ☐ Copy of most recent report card
- ☐ Copy of health insurance card
- ☐ Income Verification

If applying for Jobs or Entrepreneurship Programs:

- ☐ Get two recommendation letters (teacher, clergy member, employer, or community member, cannot be a family member) OR list three references
- ☐ Sign up for Department of Youth Engagement and Employment *(Ages 15-18)*
  Go to www.youth.boston.gov or call 617-635-4202 for assistance
- ☐ Current Resume (or page 3 of application)
- ☐ Work Permit *(14 to 17 year olds)*

Office Use Only:

Membership Date: __/__/__ Expiration Date: **08/26/2016**

☐ Application Completed ☐ Membership ID Completed ☐ New Member ☐ Returning Member

Name of Staff who completed the Intake:_____

Personal Information

First Name: _____ Middle: _____ Last Name: _____
Phone: _____ E-Mail: _____
Primary Address: _____
City: _____ State: _____ Zip: _____

Neighborhood:
□ Allston/Brighton □ Back Bay □ Charlestown □ Chinatown
□ Dorchester □ Downtown □ East Boston □ Fenway □ Hyde Park
□ Jamaica Plain □ Mattapan □ North End □ Roslindale □ Roxbury
□ South Boston □ South End □ West Roxbury

Birthday: _____/_____/_____ Age: _____ Gender: _____ Social Security #:_____

Race:
(Check all that apply)
□ African American □ American Indian □ Asian/Pacific Islander
□ Cape Verdean □ Haitian □ Latino
□ Multi-racial □ White □ _____

Situation:
(Check all that apply)
□ In foster care □ Pregnant/Parenting □ No stable housing
□ Court-involved □ DYS/DCF-involved □ Refugee/Entrant

Household Information

Who do you live with?
(Check everyone)
□ Mother □ Father □ Brother □ Sister
□ Aunt □ Uncle □ Cousin □ Grandmother
□ Grandfather □ Foster Parent □ Group Home □ Other Guardian

Primary language spoken at home: □ English □ Spanish □ Cape Verdean Kriolu □ _____

Parent/Guardian Name:_____

Phone 1: _____ Email/Phone 2: _____

Mark the HOUSEHOLD SIZE box and select ONE of the three income options going across ON THE SAME LINE.
*Example: a **3-person** household with an annual income of **$17,000** would be marked on the third row.*

☒ *3 Persons* ☒ *0 to $25,450* ☐ *$25,451 to $42,350* ☐ *$42,351 to $61,000*

HOUSEHOLD SIZE *(Including You)*

☐ ***1 Person***	☐ ***0 to $19,800***	☐ ***$19,801 to $32,950***	☐ ***$32,951 to $47,450***
☐ ***2 Persons***	☐ ***0 to $22,600***	☐ ***$22,601 to $37,650***	☐ ***$37,651 to $54,200***
☐ ***3 Persons***	☐ ***0 to $25,450***	☐ ***$25,451 to $42,350***	☐ ***$42,351 to $61,000***
☐ ***4 Persons***	☐ ***0 to $28,250***	☐ ***$28,251 to $47,050***	☐ ***$47,051 to $67,750***
☐ ***5 Persons***	☐ ***0 to $30,550***	☐ ***$30,551 to $50,850***	☐ ***$50,851 to $73,200***
☐ ***6 Persons***	☐ ***0 to $32,800***	☐ ***$32,801 to $54,600***	☐ ***$54,601 to $78,600***
☐ ***7 Persons***	☐ ***0 to $35,050***	☐ ***$35,051 to $58,350***	☐ ***$58,351 to $84,050***
☐ ***8 Persons or more***	☐ ***0 to $37,300***	☐ ***$37,301 to $62,150***	☐ ***$62,151 to $89,450***

Please mark any income or assistance you receive, and provide a copy of documentation as listed below.

☐ AFDC	☐ Alimony	☐ Boston Health Net Card
☐ Boston Housing Assistance	☐ Child Support	☐ Food Stamps/EBT
☐ Low Income Subsidized Housing	☐ Mass Health	☐ Neighborhood Health Plan
☐ Paycheck / W-2	☐ Reduced Rent	☐ Refugee Assistance
☐ Section 8	☐ SSI/SSDI	☐ TAFDC
☐ TANF	☐ Unemployment Insurance	☐ Veterans Compensation
☐ Public Housing: _____ (name of development)	☐ OTHER:	

School Information

□ In School □ Graduated □ Obtained GED □ Dropped Out □ Other: _____

School Name: _____ Grade in fall 2016: _____

RESUME

Work Experience (please describe):

_____

_____

_____

_____

Volunteer Experience (please describe):

_____

_____

_____

_____

Skills, Interests, Hobbies or special qualifications for this job:

_____

_____

_____

_____

Why are you interested in this position?

_____

_____

_____

_____

How will this program help you in the future?

_____

_____

_____

_____

Please list three people who we can contact for references
(employers, teachers, clergy, or friends)

Name Telephone How do you know him/her?

1. _____

2. _____

3. _____

You can submit two recommendation letters instead of listing three references.

AUTHORIZATION AND CONSENT

I give my child permission to participate in the programs offered by Bird Street Community Center. I permit the Bird Street Community Center to take and use photographs/videos, which may contain my child's picture for promotional purposes.

My child has no physical problems unless otherwise stated that would prohibit him/her from participating. I understand that all activities are supervised. I understand that Bird Street Community Center will take all precautions to guard my child's safety while he/she is participating in its events. However, I understand that in all sports and physical activity, there is certain level of risk. I waive all claims against any and all persons connected with Bird Street Community Center for any injuries sustained during any program-sponsored activity. I understand that not all of the activities are at Bird Street Community Center. I assume all responsibility for my child's actions during and in conjunction with Bird Street Community Center and the collaborating agencies and waive compensation in regard thereof.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Bird Street Community Center to transport my child to a hospital or medical facility nearby and secure for my child the necessary medical treatment. I also permit Bird Street Community Center to transport my child to outside activities organized and supervised by Bird Street Community Center. I understand that Bird Street Community Center's staff is trained in the basics of first aid and authorize them to give my child first aid when appropriate.

Health Care Provider: _____

Doctor's Name:_____ Phone Number: _____

Are there any special limitations or concerns such as allergies, dietary restrictions, medical programs, medications, or chronic health conditions Bird Street staff should know about? □ Yes □ No

If yes, please describe:

_____

_____

Please list two people with different phone numbers who we can contact in an emergency.

Name: _____ Phone: _____

Name: _____ Phone: _____

If applying for Job or Entrepreneurship Program:

I give my son/daughter permission to apply for the position at Bird Street Community Center. I understand that, if my child receives this position, he or she will be trained by Bird Street staff and will assist the Center in various capacities. I understand that he or she will be depended on to be reliable and on time. I approve my child's participation in any program that extends into the school year.

I understand that I am required to attend a parent meeting, and my failure to do so will result in the job going to someone else.

I understand that, provided with employment, my son/daughter is required to participate in academic support or enrichment two nights a week between July and August.

I understand that my child, if age 14-17, must obtain a work permit.

Parent/Guardian Signature: _____ Date: _____