



City of Los Angeles Department of Recreation and Parks
YOUTH EMPLOYMENT INTERNSHIP PROGRAM

Application Checklist

Intern Name _____ Location/Site _____

YEIP Class _____ Track # _____

✓ Form	Date Rcvd'	Notes
Registered on RecTrac		
Program Application		
Program Medical Info and Waivers		
Intern and Parent Agreement		
Program Rules and Regulations		
JJCPA Programming Form (Parental Agreement)		
First Day Survey (Pre-Questionnaire)		
Signed W-9 Form Name on W-9 must match SOCIAL SECURITY CARD		
Signed Copy of Social Security Card		
Last Day Survey (Post-Questionnaire)		
Signed For & Received Stipend Check		

Comments _____

Administrative Staff Use Only			
Application	✓ Approved	✓ Denied	DIC Signature: _____ Date: _____
Date Received _____		Intern Drop Date (if any) _____	
Application Reviewed by _____		Date _____	
Entered into Database by _____		Date _____	



City of Los Angeles Department of Recreation and Parks
YOUTH EMPLOYMENT INTERNSHIP PROGRAM

YEIP Program Application

Please print neatly in completing this application.

Date _____

Receipt # _____

YEIP Class _____

Location _____

Grade:

School Attending:

APPLICANT'S INFORMATION			
NAME (First, Middle Last)	AGE	BIRTHDATE (mm/dd/yyyy)	GENDER
ADDRESS (Street, City, State, Zip)			
EMAIL ADDRESS		CELL / HOME PHONE	

PARENT/GUARDIAN INFORMATION			
NAME (First, Middle, Last)	RELATION	CELL / HOME PHONE	WORK PHONE
ADDRESS (Street, City, State, Zip)		EMAIL	

PARENT/GUARDIAN INFORMATION			
NAME (First, Middle, Last)	RELATION	CELL / HOME PHONE	WORK PHONE
ADDRESS (Street, City, State, Zip)		EMAIL	

Instructions: Make the appropriate selections for the following:

RACE - Select one of the following 10 categories

Place an X to the left of the appropriate box			
<input type="checkbox"/>	1. American Indian or Alaska Native	<input type="checkbox"/>	6. American Indian or Alaskan Native AND White
<input type="checkbox"/>	2. Asian	<input type="checkbox"/>	7. Asian AND White
<input type="checkbox"/>	3. Black or African-American	<input type="checkbox"/>	8. Black/African-American AND White
<input type="checkbox"/>	4. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	9. American Indian/Alaskan Native AND Black/African American
<input type="checkbox"/>	5. White	<input type="checkbox"/>	10. Balance _____ / Other

ETHNICITY - Select one

GENDER - Select one

Place an X to the left of the appropriate box			
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Male
<input type="checkbox"/>	Not Hispanic/Latino	<input type="checkbox"/>	Female
<input type="checkbox"/>		<input type="checkbox"/>	Non-Binary
<input type="checkbox"/>		<input type="checkbox"/>	Prefer not to disclose

I hereby state that the information contained within this application is truthful and accurate, and is to be considered an integral part of my agreement I may enter for the Youth Employment Internship Program (YEIP) and its classes and activities.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



City of Los Angeles Department of Recreation and Parks
Youth Employment Internship Program

INTERN AND PARENT AGREEMENT

The signing of this agreement by the internship applicant and his/her parent/guardian binds them, upon selection, to the following:

1. To be eligible for the program, participants will need a valid taxpayer ID number (e.g., Social Security card or ITIN)
2. I understand that I am **ONLY qualified to receive a stipend/check ONCE** in the Fiscal Year (School Year). If I participate in more than one class in the fiscal year I will NOT BE PAID for the additional classes.
3. I agree to complete the Youth Employment Internship Program to the best of my abilities.
4. I understand and agree that I will attend all hours of training during the sessions for which I am selected. I understand that I cannot miss any days of class. If I miss any class or portion of a class, there will be make-up work assigned. **If I do not attend all classes or complete make-up work, I will be terminated from the program and will not receive credit for the program, nor the \$800 stipend check.**
5. The Parent/Guardian agrees to do their best to help their child meet the responsibilities of the program.
6. The City of Los Angeles Department of Recreation and Parks Youth Employment Internship Program will provide the participant with a shirt which is required to be appropriately worn at all times on all training dates. Upon the successful completion of the program, the shirt will become the property of the applicant.
7. I agree to notify the YEIP Administration if my address and/or telephone number changes while in the program **or** after completion and fill out any necessary paperwork.
8. I understand that following the completion of the program, if all YEIP paperwork is completed and turned in; including a W-9 Form, signed copy of my Social Security Card, and I have completed the required hours, I will be eligible to receive a stipend check. **Due to the long processing times, stipend checks could take up to 6 months or more to be issued.**
9. The intern will be notified of when the stipend check is available for pick-up. **The stipend/check must be picked-up and signed for by the intern, in person.** Student must show PHOTO ID to receive check.
10. I understand there will be a clear and concise set of rules for the program and they will be explained to me on the first day of training. I also understand that breaking these rules may be grounds for dismissal from the program, and forfeiture of all benefits afforded through participation in the program.

As the parent/guardian of a participant age 18 years or under, I have read, understood, and voluntarily agree that my child _____, may participate in the CLASS Parks Youth Employment Internship Program (YEIP) and its classes and activities.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



City of Los Angeles Department of Recreation and Parks
YOUTH EMPLOYMENT INTERNSHIP PROGRAM

PROGRAM RULES AND REGULATIONS

1. The Youth Employment Internship Program (YEIP) is a training program that includes job preparation skills (application and writing), financial and banking skills (investments and personal checking) and life skills.
2. Registration Forms and other required paperwork must be completed and turned in by the first day of class in order to continue in the program and to receive your stipend check.
3. **Interns are required to participate in a total of 56 hours to successfully complete the program.** Participants who miss one class day will be required to make-up the hours, up to a total of 6 hours. An intern may not have a second absence or tardy.
4. Make-up hours may be completed at any non-profit organization, such as teen centers, recreation centers, Boys and Girls Clubs, churches, daycare centers, after-school programs, hospitals, etc. The organization must document the made-up hours either using a YEIP Community Service Form **or** on company letterhead signed by an overseeing employee. The documentation must include the dates, times, and number of hours worked as well as a description of the work completed.
5. Participants must **sign-in** and **sign-out** each day in order to receive full credit. If an intern fails to sign-in for the day, no hours will be awarded. Please inform an on-site instructor if you are required to be absent or leave class early.
6. Participants must bring their notebooks and all related material with them to each class and are expected to be fully prepared to participate in all activities.
7. Participants must wear their program shirts during all training days.
8. Participants must conduct themselves in a professional manner at all times. Respectful behavior is expected throughout the program and disrespectful behavior of any type will not be tolerated. Interns are to arrive to class each day with a positive attitude with the desire to learn and work as a team with others.
9. Participants must report back from all breaks on time, including lunch, or will risk losing class hours.
10. Cell phones are not permitted during training and are to be turned off prior to the start of class.
11. Participants shall refrain from using profanity.
12. Possession of weapons, drugs, alcohol, cigarettes, and/or vapes will be cause for immediate dismissal from the program.
13. Fighting, stealing, disobeying program rules, and/or any other type of misconduct will be cause of immediate dismissal from the program and may result in other disciplinary actions.
14. YEIP will not provide lunch. Snacks will be provided at each class session.
15. For safety purposes, participants must inform instructors when leaving the training area, including to the restrooms.
16. Participants should immediately inform instructors if they become aware of a problem at the site.

I understand that a failure to comply with the above listed program rules and/or the breaking of program policy stated on all forms of the YEIP registration application may be grounds for dismissal from the program and forfeiture of all benefits afforded through participation.

Applicant Name (please print) _____

Applicant Signature _____ **Date** _____

Parent Name (please print) _____

Parent/Guardian Signature _____ **Date** _____

JUVENILE JUSTICE CRIME PREVENTION ACT PROGRAMMING

PARENTAL AGREEMENT

The City of Los Angeles received funding from the **County of Los Angeles** to provide educational, pro-social, and recreational programs to youth under the provisions of the Juvenile Justice Crime Prevention Act (JJCPA). JJCPA is a statewide initiative designed to support juvenile programs that promote pro-social skills development and educational advancement.

Weekly activities will take place at _____.

CLASS PARKS works with schools, County agencies, community-based organizations, and other service agencies in the community; we are seeking your permission to provide your child with the opportunity to participate in these programs. As a condition to your child's participation in these programs, the JJCPA program requires that certain information about your child (such as name, gender, date of birth, ethnicity, zip code of residence, and program start and end dates) be collected and shared with the County to evaluate and assess JJCPA programs and services (Participant Information).

PLEASE BE AWARE THAT YOU OR YOUR CHILD CAN WITHDRAW FROM THIS PROGRAM AT ANY TIME.
THERE ARE NO FEES FOR THIS SERVICE.

In consideration of the student, _____, participating in this voluntary program, the student and parent(s) releases the County of Los Angeles and City of Los Angeles of all liabilities that might occur as a result of participation in this program and consents to the release of the Participant Information to the County to study the effectiveness of JJCPA programs and services.

Note: Even though your child's Participant Information will remain confidential, such information will be kept for statistical purposes by the Los Angeles County Probation Department to study the effectiveness of JJCPA programs and services.

If you would like your child to participate in these JJCPA services, please sign and date this letter and return it to our office.

Parent Signature

Date

Minor's Signature

Date

Staff Signature

Date



City of Los Angeles Department of Recreation and Parks YOUTH EMPLOYMENT INTERNSHIP PROGRAM

Program Application (continued)

MEDICAL INFORMATION

Insurance Provider (Medical Plan) _____ Policy # _____

Physician Name _____ Phone () _____

Dentist Name _____ Phone () _____

Is teen on medication? ____ Yes ____ No - **If yes, please list medication below.**

Medication _____ Amount _____ Frequency _____

Medication _____ Amount _____ Frequency _____

List any major illnesses, allergies, medical conditions, or behaviors we should be aware of in case of a major emergency

List reason for limitations of physical activities (if any), _____

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).

AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in all CLASS Parks Teen Club activities therein (including bus, van, or walking trips). I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games, sports, water play, swimming activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks CARRIES NO INSURANCE.

PARENT INITIALS _____

PHOTO/ MEDIA RELEASE

The City of Los Angeles Department of Recreation and Parks, its agents and assigned representatives, has my permission to use the image (digital, film, and/or audio) of my child, a minor, for the promotion of the department programs and/or events via any City of Los Angeles media platform (audio, film, internet, print, and/or social media).

I also give permission for my child's first name to be used YES NO

(If no, should this child's image be used on our department website, or any social media outlets, their name will not be included).

PARENT INITIALS _____

CONSENT TO TREATMENT OF A MINOR

I, as the parent/legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment/hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician/surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgement, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

PARENT INITIALS _____

I acknowledge that I have read and understand all of the policies listed on this application. By my child's participation I agree to follow and abide by these rules and understand that transgression of any policy is cause for immediate expulsion from the program.

X

Parent/Guardian (*Signature*)

Parent/Guardian (*Print Name*)

Date