



CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL - ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
YOUTHBUREAU.CMVNY.COM
FB / IG: @MVYOUTHBUREAU
PH (914) 665-2344 | FAX (914) 665-1373



SHAWYN PATTERSON-HOWARD
Mayor

DEBBIE BURRELL-BUTLER, MBA
Executive Director

DENA T. WILLIAMS, MPA
Deputy Director

2023 Winter After-School Youth Employment & Training Program Application

Applications will be accepted in-person and online. When submitting online, send requested documents as attachments, COMPLETE all pages and send email to: Lbacote@cmvny.com. Applications will only be accepted on **Monday, January 23, 2023 through Friday, January 27, 2023. Applications can be accessed online at <https://cmvny.com/240/Youth-Employment-Program>**

SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT IN THE PROGRAM. EMPLOYMENT IS VERY COMPETITIVE!

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

- 1. WRITING SAMPLE** - One-page double-spaced, typed explaining why you want to work for the Youth Bureau; (if you have previously worked, sample should reflect how you've grown from the experience) Samples that are not a full-length page will not be accepted
- 2. ATTESTATION FORM, PHOTO RELEASE FORM, & MEDICAL RELEASE FOR** (included in application; to be completed by parent/guardian)
- 3. BIRTH CERTIFICATE OR CURRENT PASSPORT**
- 4. SOCIAL SECURITY CARD**
- 5. WORK PERMIT** (14 -17 years old)
- 6. SCHOOL ID** (Applicant must be in school) **OR ANY GOVERNMENT ISSUED I.D.**
- 7. PROOF OF RESIDENCE** (Parent's most current utility bill, phone bill, student's report card, parent's driver license, or learner's permit)
- 8. LAST REPORT CARD – 1st Marking Period - November**
- 9. PROOF OF INCOME – Must include one of the following:** Parent's 2 most recent pay stubs from 2023; parent's 1040 Tax Return from 2022; or a letter from parent's employer on company letterhead stating their annual income and length of time the parent has been employed by the company. If you are receiving public assistance, please provide proof of benefits, ex. case makeup, including SSI/SSD **Proof of Income** is necessary for our grant funding source.
- 10. SELECTIVE SERVICE VERIFICATION** (For males over 18 years and older) Please print verification from www.sss.gov/verify
- 11. PERMANENT RESIDENT/ GREEN CARD - If you are not a U.S. citizen**
***** APPLICANT MUST BE A MOUNT VERNON RESIDENT*****

If you have any questions or concerns, please do not hesitate to contact the Mount Vernon Youth Bureau at (914) 665-2344 during business hours 8:30 am – 4:30 pm, Monday - Friday.

ALL notifications regarding Youth Employment & Training Program will be made by phone or email.

"The Jewel of Westchester"



CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL - ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
YOUTHBUREAU.CMVNY.COM
FB / IG: @MVYOUTHBUREAU
PH (914) 665-2344 | FAX (914) 665-1373



SHAWYN PATTERSON-HOWARD
 Mayor

DEBBIE BURRELL-BUTLER, MBA
 Executive Director

DENA T. WILLIAMS, MPA
 Deputy Director

Completed applications will be accepted by a Mount Vernon Youth Bureau staff member. Applicants will be interviewed at a later date for an opportunity to be employed during the 2023 Winter After-School Youth Employment & Training Program. **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM.** All information provided will be kept confidential. **ONLY A COMPLETED APPLICATION WITH THE REQUESTED DOCUMENTS ATTACHED WILL BE ACCEPTED.** * Only one applicant will be employed per household, if selected.

Choose which of the following positions interests you the most (1) to the least (5).

Child Care (must be 16 or older) ___ Health Care ___ Maintenance ___ Office Work ___ Tutoring ___

1. Last Name _____ 2. First Name _____ 3. Middle (Int.) _____

4. Social Security Number _____ 5. Date of Birth ____/____/____ 6. Gender ___M___F___Other___ 7. Age _____ 8. School _____ 9. Grade _____

10. Citizenship Status (Check One): U.S. Citizen ___ Permanent Resident Alien ___ Other ___ Alien # _____

11. Address: _____ 12. Apt. _____ 13. City: Mount Vernon 14. Zip Code: _____

15. Applicant's Contact #: _____ 16. Applicant's Email: _____

17. Name of Parent/Guardian: _____ 18: Contact #: _____ 19: Email: _____

20. Ethnicity (Circle One): Native American; Pacific Islander; Asian; White; Black; Hispanic/Latino; 2 or more Races

21. Current Educational Status: Middle School ___ HS ___ HS Graduate ___ College Student ___ GED Recipient ___
 Left HS before graduating ___ Other ___ Explain, _____

22. Previous work experience? Yes ___ No ___ If yes, when? _____ Where? _____
 Have you recently been denied employment with the Mount Vernon Youth Bureau? If so, when _____

PARENT(S) PLEASE COMPLETE THE BELOW INFORMATION FOR YOUR CHILD, UNLESS APPLICANT IS 18 YEARS AND OLDER

23. Do you have any convictions? ___ Yes ___ No If yes, please explain on a separate sheet what the conviction entails.

24. Check all that apply to the applicant: Disabled ___ Foster Care ___ Homeless ___ Runaway ___ Juvenile Justice System ___ Parenting Youth ___ Served in Military ___ Have an incarcerated Parent (s) ___

25. Is the applicant or applicant's family currently receiving public assistance? Yes ___ No ___ If no, skip to question 27.

26. Type of Public Assistance (Check all that apply): Food Stamps ___ S.S.I ___ S.S.D. ___ Child Support ___ Retirement or Pension ___ Family Assistance ___ Safety Net/Section 8 ___ Other ___ (Will need proof)

27. Annual family income (Gross) \$ _____ .00 28. Total number of family living in the household _____

 Applicant Signature Date

 Parent/Guardian Signature Date



CITY OF MOUNT VERNON YOUTH BUREAU
 CITY HALL - ONE ROOSEVELT SQUARE
 MOUNT VERNON, NEW YORK 10550
 YOUTHBUREAU.CMVNY.COM
 FB / IG: @MVYOUTHBUREAU
 PH (914) 665-2344 | FAX (914) 665-1373



SHAWYN PATTERSON-HOWARD
 Mayor

DEBBIE BURRELL-BUTLER, MBA
 Executive Director

DENA T. WILLIAMS, MPA
 Deputy Director

**Applicant’s Attestation form Verifying Information Provided by Parent/Guardian for
 2023 Winter After-School Youth Employment & Training Program**

I have provided the requested information and documentation the Mount Vernon Youth Bureau has requested for my child’s participation in the 2023 Winter After-School Youth Employment & Training Program. My signature below attests that the information I have provided is both accurate and true to the best of my knowledge. I further understand that I am responsible for any misrepresentation or any misinformation provided which may be grounds for immediate termination and/or other penalties if my child is selected.

 Print Applicant’s Name

 Signature of Applicant

 Date

 Signature of Parent/Guardian

 Print Parent /Guardian’s Name

 Date

Should you have any questions or concerns regarding the information in this form, contact the Mount Vernon Youth Bureau immediately at 914-665-2344.

“The Jewel of Westchester”



CITY OF MOUNT VERNON YOUTH BUREAU
 CITY HALL - ONE ROOSEVELT SQUARE
 MOUNT VERNON, NEW YORK 10550
 YOUTHBUREAU.CMVNY.COM
 FB / IG: @MVYOUTHBUREAU
 PH (914) 665-2344 | FAX (914) 665-1373



SHAWYN PATTERSON-HOWARD
 Mayor

DEBBIE BURRELL-BUTLER, MBA
 Executive Director

DENA T. WILLIAMS, MPA
 Deputy Director

MEDICAL RELEASE FORM – MINOR (APPLICANT)

I, **(Parent/Guardian Name)** _____ give permission to the City of Mount Vernon, NY to provide medical attention (first aid) to my child, **(Applicant/Minor’s Name)** _____ in the event that he/she is injured while working for the City of Mount Vernon.

MEDICAL INFORMATION

Does your child have any drug, insect, food, etc. allergies? If yes, please explain.

Does your child have any illnesses or conditions CMV should be aware of that will prevent him/her from taking part in daily activities?

Is your child currently on any daily medications or use any medical devices? If so, please list and identify the purpose.

List two (2) people to contact in case of an emergency:

Name _____ Relationship _____ Telephone Number _____

Name _____ Relationship _____ Telephone Number _____

Minor’s Physician Name: _____ **Physician #:** _____

In case of injury, I hereby authorize chaperones/staff at their discretion to take my child to a doctor or hospital for emergency treatment or whatever service is deemed necessary. I also authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment. This form should remain on file at the worksite.

In the event that the minor, _____, causes any bodily injury or property damage by his or her negligence, the parent and/or legal guardian agrees to indemnify and hold harmless the City of Mount Vernon and its officers, agents and employees from any loss or expense arising out of the negligence of the minor.

Parent Signature: _____ Print Parent Name: _____

Date: _____ Phone Number: _____ Work Number: _____



CITY OF MOUNT VERNON YOUTH BUREAU
 CITY HALL - ONE ROOSEVELT SQUARE
 MOUNT VERNON, NEW YORK 10550
 YOUTHBUREAU.CMVNY.COM
 FB / IG: @MVYOUTHBUREAU
 PH (914) 665-2344 | FAX (914) 665-1373



SHAWYN PATTERSON-HOWARD
 Mayor

DEBBIE BURRELL-BUTLER, MBA
 Executive Director

DENA T. WILLIAMS, MPA
 Deputy Director

PHOTO/VIDEO RELEASE FORM – APPLICANT/ MINORS

I, _____ hereby grant permission to the City of Mount Vernon Youth
 (Parent/Guardian’s Name)

Bureau to photograph film and/or video my child, _____.
 (Applicant/ Minor’s Name)

I understand photographs, film and/or video may be used in, but not limited to, fliers, brochures, newsletters, press releases, websites, social media or any other type of promotional medium existing now or in the future.

I further understand that by granting this permission, I am irrevocably giving up all rights and claims to monetary compensation for any future uses of this material by the City of Mount Vernon.

I do not wish for my child to be photographed, filmed, or videotaped by the City of Mount Vernon.

 Signature of Parent/Guardian

 Date

“The Jewel of Westchester”