# Youth Employment Solutions (YES2) 2024 Application

## Program dates

*Job Class Pre-requisite virtual program dates* March 7, 14, 21; April 11, 18 and 25.

*In Person Dates* June 30 – August 8, 2024

**Due by February 4, 2024**

1. Application
2. Vision Teacher Reference Form
3. Cover Letter
4. Consent Form – must have wet signature and be sent via email or mail.

This application can also be found on our website at [www.dsb.wa.gov/](http://www.dsb.wa.gov/)

To ensure complete accessibility, **YES 2 Applications need to be downloaded on a computer and completed electronically.** If you have any issues completing the application electronically, please contact us.

**IMPORTANT NOTES ABOUT RETURNING THE APPLICATION**

**DO NOT EMAIL APPLICATIONS WITHOUT USING THE SECURED EMAIL PROCESS.** This application contains confidential information about the applicant. Once the application is completed, email Janet George at janet.george@dsb.wa.gov letting her know that you are ready to return the application. **You will be sent instructions on how to send the application via secure email to protect your child’s information.**

The “Consent Form” which must be hand signed, can either be scanned and sent electronically, or mailed as a hard copy. The mailing address is on the Consent Form. If the Applicant is under 18 it must be signed by a parent.

Applicant must be eligible to work in the United States in order to attend YES2.

# Instruction for Screen Reader Users

* Please hit ENTER to type in each field.
* Then TAB to go to the next field.
* Use SPACE BAR to check boxes.

# Section 1 Applicant Information

Applicant Name

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Age as of April 1, 2024

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| --- |
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Home Address, including street, city, state, and Zip Code

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Mailing Address, if different from Home Address

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Applicant’s Email Address

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Applicant’s Cell Phone Number

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Preferred Pronouns

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Current School Grade

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| --- |
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Graduation year

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| --- |
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# Section 2 Contact Information

Parents/Guardians, Emergency Contact, and Teachers/School Counselors

## Parent or Guardian 1

Name

|  |
| --- |
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Home Address
including street, city, state, and zip

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| --- |
|  |

Mailing address
if different from Home Address

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| --- |
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Best Contact Phone Number

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| --- |
|  |

Second Phone Number

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Email Address

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## Parent or Guardian 2

Name

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Home Address
including street, city, state, and zip

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Mailing Address
if different from Home Address

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Best Contact Phone Number

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Second Phone Number

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Email Address

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## Alternate Emergency Contact

Name

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Relationship to Applicant

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Best Contact Phone Number

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Second Phone Number

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Email Address

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## TVI Contact Information

At the end of YES 2 a summary report is emailed to you and your family. Please indicate below if you would also like this report to be sent to your Teacher of Students with Vision Impairment (TSVI). A copy of the report will then be emailed to your teacher.

**[ ]  Yes**, I would like a copy of my report emailed to my child’s TSVI. ***Please check the box on the Consent Form so that DSB is authorized to send information.***

**[ ]  No**, please do not share my child’s report with anyone

Teacher of Students with Vision Impairment name

|  |
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|  |

Email Address

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Best Contact Phone Number

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Name of School

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# Section 3 Visual Impairment and/or Additional Disabilities

Cause of vision loss

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Check the box next to the legal description of Applicant’s vision

[ ] Low vision [ ] Legally blind [ ] Totally blind

When traveling, does Applicant use a [ ]  Cane? [ ] Monocular?

Describe how Applicant’s vision affects daily activities. For example, participating in household chores, helping in the kitchen, choosing clothes, matching colors, etc.

|  |
| --- |
|  |

Is Applicant sensitive to bright glare? [ ] Yes [ ] No

Do they see best with high contrast? [ ] Yes [ ] No

Describe Applicant’s use of low vision tools, for example, a monocular, magnifiers

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|  |

Describe problems related to speed, fatigue, and accuracy with visual tasks

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Describe any additional disabilities Applicant may have and how that impacts their daily activities

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Describe Applicant’s leisure/recreational activities.

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Additional notes if needed:

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# Section 4 Medical/Mental Health Conditions and Special Needs Information

To ensure that applicant has the best experience possible please provide full disclosure to the following questions. Lack of disclosure or incomplete information regarding a medical or behavioral/emotional condition could compromise applicant’s participation in the YES2 program. Complete information is vital to an applicant’s ability to fully participate, to their safety, and is essential to our being able to work most effectively with each participant. Non-disclosure could be grounds for termination from YES2.

One at a time, list any medical conditions, including social/emotional conditions, and describe how they affect Applicant’s daily activities. If none, please put N/A

Condition Number 1

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Condition Number 2

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Condition Number 3

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Does Applicant have any allergies? Please list.

Food

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| --- |
|  |

Medication

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| --- |
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Other (e.g., to bees)

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Does Applicant have any dietary restrictions? Please list.

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Please complete the following for each medication Applicant takes and indicate their level of independence in taking it: **Independent**, no help needed; **Semi-independent**, some help needed, or **Low or no independence**, needs a lot of help.

If Applicant doesn’t take any medications, please indicate with N/A.

Medication number one

|  |
| --- |
|  |

Level of independence

[ ]  Independent [ ]  Semi-independent [ ]  Low or no independence

Medication number two

|  |
| --- |
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Level of independence

[ ]  Independent [ ]  Semi-independent [ ]  Low or no independence

Medication number three

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| --- |
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Level of independence

[ ]  Independent [ ]  Semi-independent [ ]  Low or no independence

List any additional medications and Applicant’s level of independence taking them here

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# Section 5 Special Accommodations

List any special accommodations and or services Applicant will need in order to participate in the YES 2 program (e.g., wheelchair access, sign language interpreter, etc.)

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# Section 7 Job Type Preference

Summer jobs for high school Applicants are generally found in one of the following areas:

***Clerical/office work*** filing, answering the phone (including transferring calls and taking messages), customer service, shredding, collating program materials, preparing mailings, using the computer to direct customers to appropriate resources.

***Food service*** food preparation, cleaning, washing dishes, operating the cash register, restocking shelves/refrigerators, customer service.

***Retail*** *(in a store/market/etc.)* customer service, keeping the store neat and tidy, sorting merchandise, and placing on racks for sale, restocking items.

***Outdoor work***plant care and maintenance, including watering, weeding, grooming, topdressing paths with gravel, cleaning pots, filling pots with soil, composting, taking inventory. Outdoor work could also be in a child-care setting.

***Childcare/nursery***monitoring children, organizing, and participating in activities, helping with mealtimes, cleaning up after meals and activities.

***Technology*** Working with computers to assess accessibility of different types of software, attending meetings with your colleagues, assisting with surveys.

Next to each job type, list applicant’s ranking preference, using 1 = most preferred, 2 = preferred, 3 = neutral, 4 = not preferred, 5 = least preferred

## Job preference

      Clerical/office work

      Food service

      Retail (in a store/market/etc.)

      Outdoor work

      Childcare/nursery

      Technology

      Other job type (please describe)

What skills and interests does Applicant have that would help them perform the job they have selected as their number one choice from the list above?

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Is Applicant interested in a particular career or field of study?

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# Section 8 Additional Information Needed to Complete Application

Please check each box below indicating that the following documents have been attached to this application:

[ ]  TVI/O&M Reference request form

[ ]  Cover Letter (Applicant to write cover letter)

[ ]  Consent form (needs ink signature – form can be scanned and emailed or mailed to the Seattle office)

Evaluations from parents/guardians and vision specialist(s) help us best meet the needs of Applicants attending. Application will not be reviewed until the reference request forms are completed and returned to us. Applicant will also need to turn in a Consent Form and a cover letter for application to be complete.

All forms are attached to the application email. If you need additional copies of any form, please contact us.