



**Agassiz Baldwin Community**  
 20 Sacramento Street Cambridge MA 02138  
 Phone: (617) 349-6287 Fax: (617) 4349-6287  
 www.agassiz.org

## Youth Employment Program: School Year

***This form is to be completed by the student applicant, not by a parent or guardian***

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_ **Student Cell Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **2nd Language (if relevant):** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade :** \_\_\_\_\_

**Youth Employment Program (YEP) positions are open to students in 6th-8th grades.** Students should identify the 1st & 2nd choice of days that they can volunteer, programs they prefer to volunteer for, and whether they have been a TNT in the past.

I prefer to volunteer on:

\_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri

Have you been a YEP volunteer (formerly TNT/CIT) in the past? (Circle 1) YES NO  
 If yes, when? \_\_\_\_\_

I, \_\_\_\_\_, have carefully reviewed the YEP job descriptions on  
 (YEP volunteer's name)  
 www.agassiz.org, and I would like to apply for the following positions. I understand that the staff at Agassiz Baldwin Community will do their best to assign me to a one of my choices.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**As a YEP volunteer, I agree to abide by the following conditions:**  
 (Please sign your name next to each of the following statements)

- I commit to volunteer for the time period specified in the job description for the position I have been assigned. \_\_\_\_\_  
(sign)
- I will model appropriate behavior at all times. \_\_\_\_\_  
(sign)
- If I am arriving on the bus, I will report directly to ABC/MMA and I will be on time for my YEP assignment. \_\_\_\_\_  
(sign)
- I will sign in and out on each day I report to my YEP assignment. \_\_\_\_\_  
(sign)
- If I am NOT ABLE to come on my assigned day, I will notify the ABC/MMA staff in person or by phone BEFORE I am scheduled to report, and will make up my missed time if possible. I understand that, for my safety, if I fail to report to work and have not informed the ABC/MMA staff ahead of time my parent/guardian will be contacted. \_\_\_\_\_  
(sign)
- I will not discuss or share any specific information about program children and their families with anyone other than ABC/MMA staff. \_\_\_\_\_  
(sign)

Date application received:

**YEP 2015-2016 Student Application Form**

Please answer the following questions, using another sheet of paper for additional space if necessary.

1.) Why do you want to be a YEP volunteer?

2.) Please describe any experience you have that you think would help you in your YEP position (ex. classes at MMA, previous TNT/CIT experience, babysitting, etc).

3.) Describe a situation where you showed initiative, responsibility or problem solving.

4.) Please list any hobbies, skills, special interests, and/or achievements.

### Instructions for completing the application process

1. Give the YEP permission form to your parent or guardian to complete. You cannot apply without their permission.
2. Return both forms together by the deadline listed for the position you are applying for to:

Agassiz Baldwin Community  
 ATTN: Molly Juhlin, Director of Children's Programs  
 20 Sacramento Street  
 Cambridge, MA 02138

**YEP applicants may be contacted for an interview. Spaces are limited.**