 ***Youth Apprenticeship Program Application***

**Please save this document as “YAP Application – *Your Name*” and e-mail it to me at sandi.couillard@hcbe.net.**

**Personal Data:**

Full Name: Email: Grade:

Address: City: Zip:

Student Cell Phone: Parent Name: Parent phone:

Birthdate: Student ID: Student email:

**Career Goal (required):**

**Education:**

High School you attend (HCHS, NHS, PHS, VHS, WRHS): Have you taken any Career-Tech classes?

(If “Yes”, list courses):

Pathway Completer (taken all courses in pathway and passed EOPA—Yes or No)? If yes, list pathway(s) below.

Are you on track for graduation? (You must have room in your schedule to leave school early each day-Yes or No)

(If “No”, explain)

List three teachers who would recommend you for YAP. (One teacher must be a Career-Tech Teacher)

1) 2) 3)

**Work Experience:**

## Current worksite: Your position/job:

Supervisor’s name: Work phone: Starting date:

How long have you been at your current position? Pay rate:

Do you want to use this job for your YAP placement (Yes or No)?

How many YAP periods you would like? **1** (work 5 hours/week) **2** (work 10 hours/week) **3** (work 15 hours/week)

**Work History:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Business** | **Job Title** | **Dates employed** | **Reason for leaving**  |
|  |  |  |  |

Do you have your own car to use to get to and from work (Yes or No)?

If no, who will provide your transportation?

By keying your name in the text bow below you are confirming that you are aware of the GEICO YAP Qualifications on page 2 of this application. Remember the Teacher Recommendations. You are also agreeing to participate in the YAP program and have your schedule altered to reflect at least one period of YAP release. Parent name below reflects consent for the student to participate in the YAP program, so be sure to go over this with your parent/guardian before adding his/her name. A mandatory parent meeting will take place prior to the first week of school.

To be a Youth Apprenticeship Program completer and receive a YAP completion certificate, you must log **720** hours of work and gain an industry recognized credential or post-secondary level degree.

 Student keyed signature

 Parent keyed signature

\*\*See Page 2

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Youth Apprenticeship Program (YAP) Qualifications:

* Must be a junior or senior for the 2020-2021 school year
* Must have parental approval
* Must meet educational criteria by having taken courses related to career goal
* Must have reliable transportation to get to work each day (HCBOE does not provide transportation).
* Must have good attendance and behavior records
* Must have room in school schedule to be enrolled in YAP for 1-3 periods for 2020-2021 year
* Must have good grooming habits and a good attitude
* Must complete this Youth Apprenticeship Application
* Must supply teacher recommendations from three teachers (Copy the message below and e-mail to three of your current or past teachers). Let me know if you need help with teacher’s e-mails.

Dear (teacher’s name),

I am applying for the Youth Apprentices Program for next school year. In order to complete my application packet, I need three teacher recommendations. Please help me by completing the short YAP Teacher Recommendation Form (Office 365) at this link: <https://tinyurl.com/y9q9cbo2>.

Thank you so much for helping me with this. I am excited for the opportunity.

Sincerely,

*Your Name*

* Must maintain an approved job throughout the school year
* Must work at least the minimum of 5 hours per week
	+ 7th period release – 5 hours per week
	+ 6th period release – 10 hours per week
	+ 5th period release – 15 hours per week
* Must verify employment monthly by completing time sheets
* Must completer monthly journals, portfolios and a few other small assignments
* Must communicate with YAP Coordinator, Sandi Couillard, regularly.