Thank you for your interest in the Career Connections Program for San Francisco youth ages 15-25! Please complete this ENTIRE application. If you have questions or concerns about the application, you may contact Steven Taka by email at steventaka@ramsinc.org.

**WHAT WILL I GET?**
- Paid work experience for 1 year, at the San Francisco minimum wage
- Paid workshops on topics that matter to **YOU**
- An adult staff member to help with college & career needs
- Chances to explore new careers through job shadowing, internships, and networking

**WHAT ARE THE REQUIREMENTS?**

- Be a resident of San Francisco
- Be between the ages of 15 and 25
- **Currently** receiving services through SFDPH Behavioral Health Services (SFDPH-BHS)
- Available for a total of 12-16 hours per week including time spent at program workshops, time spent at worksite, and time spent in one-on-one meetings with program staff
- Available to attend weekly PAID workshops from **4-6pm on Tuesdays and Thursdays** throughout the fall of 2016
- Ability to travel within the city of San Francisco
- Must be able to provide documentation you are legally eligible to work in the United States in order to receive payment for participation in the program

**WHEN IS IT DUE?**

All complete applications must be submitted by **FRIDAY, SEPTEMBER 16th 2016**

Applications may be dropped off in person or sent through USPS mail to the Hire-Ability office located at:

1234 Indiana Street, San Francisco
San Francisco, CA 94107
<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Address:</td>
<td>City, State, ZIP:</td>
</tr>
</tbody>
</table>

What is the best way to contact you?

- [ ] Cell  
- [ ] Home Phone  
- [ ] Email  
- [ ] Other ________________________________

**Program Requirements** (circle one):

1. Are you currently a San Francisco resident?  
   - [ ] Yes  
   - [ ] No

2. Are you currently receiving services through BHS?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Not sure

   **If you are not currently receiving services through BHS, please call (415) 503-4730 for linkage to services**

3. Are you able and willing to commit to the full year long program?  
   - [ ] Yes  
   - [ ] No

4. Are you available to work 8 hours per week and to attend weekly workshops from 4-6pm on Tuesdays and Thursdays?  
   - [ ] Yes  
   - [ ] No

**References**

You must have two references. One reference may be the therapist/counselor who referred you to this program. The other should be an adult who is NOT a family member—such as a teacher, school counselor, or coach.

**Reference #1**

- Name: _______________________________________  
- Phone: ____________________________  
- Relationship to You: __________________________  
- Email: ____________________________

**Reference #2**

- Name: _______________________________________  
- Phone: ____________________________  
- Relationship to You: __________________________  
- Email: ____________________________

**Signature**

Please read each paragraph then sign below.

I certify that I have not purposely withheld any information that might negatively affect my chances for acceptance. The answers given by me are true & correct to the best of my knowledge and ability.

I permit RAMS to contact the references I provided regarding the TAY Vocational Services program. I authorize the references I have listed to provide any information about my related experiences, without giving me prior notice of such disclosure.

**Applicant’s Signature:** ____________________________  
**Date:** ____________________________
Motivation Questions
In the space below, please type or neatly write your answers to these three questions. Your answers don’t need to be long, but they should be thoughtful!

1. **What are some areas you would like to grow in or need help with? What would you like to gain by participating in this program?** (For example: learning how to interview for a job, managing my time, motivating myself, etc.)

2. **What are your hobbies or interests? Do you participate in any extracurricular activities or volunteer work?**

3. **If you could have one super power, what would it be and why?**
**Completed Application Check List**

Please include ALL of the following with your application:

- 1. Completed application form.
- 2. Copy of proof of San Francisco residency (e.g., driver’s license, CA state ID, SFUSD school student ID, copy of a PG&E bill stating your name or parents’ or legal guardians’ names and address,
- 3. Completed short answer questions typed or written in BLUE or BLACK ink.

Please submit completed application no later than Friday, September 16th to:

Applications may be dropped off OR mailed to:

Hire-Ability – TAY

1234 Indiana St., San Francisco, CA 94107