



“Your Future Starts Here!”

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APPLICANT INFORMATION:

Name _____ Date _____

Residential Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

DOB _____ Current Age _____ US Citizen YES / NO

Social Security Number _____ – _____ – _____ Email Address _____

Home Phone _____ Cell Phone _____

Facebook Name _____ Shirt Size _____ Shoe Size _____

EMERGENCY INFORMATION:

Please provide information for someone other than yourself who we can contact if we need to get in touch with you and cannot reach you.

Contact Person _____ Relationship to Applicant _____

Address _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

PLEASE CHECK ONE FOR EACH OF THE FOLLOWING:

Gender: Male _____ Female _____ Other/Intersex _____

Do you identify as LGBTQ? Yes _____ No _____ Prefer not to answer _____

Current Living Status:

- _____ With my family
- _____ Alone or with roommates (I pay the rent)
- _____ With Friends (Steady)
- _____ It changes all of the time based on who will take me in
- _____ Other (Please Specify) _____

Have you been homeless in the past year? Yes _____ No _____ How many people total live in your home? _____

Which of the following is closest to your household's annual income?

- | | |
|---------------------------|---------------------------|
| _____ \$0 - \$5,000 | _____ \$25,001 - \$30,000 |
| _____ \$5,001 - \$10,000 | _____ \$30,001 - \$35,000 |
| _____ \$10,001 - \$15,000 | _____ \$35,001 - \$40,000 |
| _____ \$15,001 - \$20,000 | _____ More than \$40,000 |
| _____ \$20,001 - \$25,000 | |

Ethnicity: Check all that apply

African-American Hispanic Caucasian
 Asian Native American Other (Please Specify) _____

Marital Status: Married Single

Do you have children? Yes No # of children _____ Does the child(ren) live with you? Yes No

Do you have reliable childcare? Yes No If so, who? _____

Are you registered to vote? Yes No

Are you a Veteran of the United States Armed Service or the Spouse of a Veteran? Yes No

Do you receive public assistance (welfare, social security, unemployment, medicare)? Yes No

Do you have food stamps? Yes No

Do you live in public housing? Yes No

Are you or have you ever been in foster care? Yes No

Are you a Migrant Youth? Yes No

Are you a child of an incarcerated parent? Yes No

TRANSPORTATION:

Do you have transportation to and from YouthBuild? Yes No

How will you get here daily? _____

Do you have a valid Louisiana driver's license? Yes No

Do you own a car? Yes No

Do you have valid car insurance? Yes No

EDUCATION:

Did you drop out of school? Yes No If yes, when? _____

Highest Grade **COMPLETED** in school _____ Last School Attended _____

Why did you drop out of school? _____

If you enroll in college, will you be a first generation enrollee? Yes No

WORK HISTORY:

Have you ever had a job before? Yes No

Where? _____

Dates you worked this job _____

What was your hourly pay? _____ Why did you leave this job? _____

Did you work in the past 6 months prior to enrolling in YouthBuild? Yes _____ No _____

Are you currently working? Yes _____ No _____ If yes, please answer the following questions.

Name of Company _____

Company's Phone Number _____ Hourly Wage _____

Part Time _____ Full Time _____

Have you ever had any construction or building rehab experience? Yes _____ No _____

Please describe this experience. _____

What are you interested in doing as a career? _____

HEALTH INFORMATION:

Do you have any physical, medical or health problems that can interfere with your work? Yes _____ No _____

If yes, please describe _____

Do you identify as having a disability? Yes _____ No _____

Do you have health insurance? Yes _____ No _____ Do you have medicaid? Yes _____ No _____

Do you smoke? Yes _____ No _____

If yes, please note that Quad YouthBuild is a **SMOKE FREE CAMPUS** and smoking is not allowed on any property, worksite, or function.

Do you wear eyeglasses? Yes _____ No _____

Do you have any illegal substance use or abuse issues? Yes _____ No _____

Are you currently in a program for an addiction such as cigarettes, alcohol, or drugs? Yes _____ No _____

CRIMINAL RECORD INFORMATION:

Answering yes to any of the questions below will NOT disqualify you from Quad YouthBuild.

Have you ever been arrested? Yes _____ No _____

Do you have any pending warrants/sentencing or court dates? Yes _____ No _____

Have you ever been convicted of a misdemeanor or a felony? Yes _____ No _____

If yes, was it a misdemeanor or a felony? _____

Please describe and include dates and status of all cases. _____

Are you on probation? Yes _____ No _____ Name of Probation Officer _____

Are you on parole? Yes _____ No _____ Name of Parole Officer _____

ESTIMATED GROSS INCOME COMPUTATION:

List all household members (including applicant and children). For each individual, list All sources of income and amounts for the entire 6 months prior to application date. You will need to show proof of income.

Full Name	Age	Relationship	Income Source	Gross Monthly Income
		Applicant		

ADDITIONAL INFORMATION:

How did you hear about YouthBuild? (Check all that apply)

- YouthBuild alumni: _____
- YouthBuild current student: _____
- YouthBuild staff member: _____
- Other: _____
- Facebook / Social Media
- Judge/Justice System
- Friend or family member
- School System

REQUIRED DOCUMENTATION:

*****Necessary Documentation must be submitted with Application.*****

_____ Birth Certificate

_____ Louisiana Photo ID (Driver or non-driver)

_____ Social Security Card

_____ School Records / Drop Slip from last school attended

_____ Proof of Income i.e. check stub, tax forms, food stamp documents, medicaid card

_____ Probation / Parole/ Court documentation, if applicable

_____ Insurance Card / Medical Card, if applicable

In signing this application, I submit that I have answered all of the questions accurately. I understand that false information on this form may be grounds for denial of entry to the program or dismissal from the program. I understand that information in this application will be reviewed and verified. In the event any information in this application is found to be intentionally falsified, by myself, or anyone providing information on my behalf, I understand I may be terminated from the program after acceptance or disqualified before acceptance.

I grant permission for Quad YouthBuild to verify any and all information contained within this application. Quad YouthBuild will also be authorized to exchange pertinent information during the application process with any school, health provider, social service agency, employer, youth or criminal just system that I have come in contact with, in order to evaluate or assist me. All information gathered by Quad YouthBuild, on my behalf, will remain confidential.

I also give permission for any photos taken during the YB program to be utilized for promotional purposes.

(Signature)

(Date)

(Parent or Guardian if under 18 years old)

(Date)

Quad YouthBuild is administered by Quad Area C.A.A. and is an equal opportunity employer/program. Auxiliary aid and services are available upon request to individuals with disabilities. This project was funded, in part, by a grant awarded by the U.S. Department of Labor's Employment & Training Administration.