



St. Bernard CITY of HOPE (Youth Development Corps)

Corps Member Pre-Application

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

Your name: \_\_\_\_\_

LAST NAME (include suffix: Jr, Sr., III, etc.) FIRST NAME MIDDLE INITIAL

Current residential address: \_\_\_\_\_

STREET CITY STATE ZIP

Parish of your current residence \_\_\_\_\_

Primary phone number: (\_\_\_\_) \_\_\_\_\_ Alternate phone number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Address prior to Hurricane Katrina/Rita: \_\_\_\_\_

STREET CITY STATE ZIP

Emergency contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

NAME PHONE NUMBER RELATIONSHIP

THE FOLLOWING INFORMATION IS BEING REQUESTED FOR STATISTICAL REPORTING AND IS KEPT STRICTLY CONFIDENTIAL.

IF YOU WOULD LIKE ADDITIONAL INFORMATION YOU CAN REVIEW OUR PRIVACY STATEMENT AT [WWW.LAWWORKS.NET](http://WWW.LAWWORKS.NET) It

will be understood; applicants accepted into the program may have photos and video taken of them to be used for promotional purposes.

SOCIAL SECURITY NUMBER (YOUR SSN IS CONFIDENTIAL) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ GENDER: \_\_\_MALE \_\_\_FEMALE

MM DD YY

RACE/ETHNICITY: \_\_\_African-American \_\_\_Hispanic/Latino \_\_\_Asian \_\_\_Caucasian/White \_\_\_Native American \_\_\_Other: \_\_\_\_\_

HIGHEST EDUCATIONAL LEVEL ACHIEVED:

Less than High School Grad, list highest grade level completed \_\_\_\_\_

High School diploma/GED or above, list school attended \_\_\_\_\_

ARE YOU ATTENDING SCHOOL?  No  Yes, attending high school \_\_\_\_\_

Yes, attending alternative school \_\_\_\_\_

Yes, attending college, technical, or vocational school \_\_\_\_\_

DO YOU HAVE A SUBSTANTIAL DISABILITY (OPTIONAL)?  NO  YES \_\_\_\_\_

HAVE YOU REGISTERED FOR SELECTIVE SERVICE?  not applicable (if born before January 1, 1960)

Yes  No  exempt from registration

ARE YOU AUTHORIZED TO WORK IN THE U.S. (CITIZENSHIP):  No  U.S. citizen/naturalized

Lawfully admitted alien/refugee  Permanent resident

CURRENT EMPLOYMENT STATUS:  never worked  not working  working full-time  part-time

Where are you employed? \_\_\_\_\_

Contact at your job \_\_\_\_\_

NAME OF SUPERVISOR    PHONE

\_\_\_\_\_ / / \_\_\_\_\_

APPLICANT SIGNATURE

DATE