

**TRI-TOWN YOUTH SERVICES
JOB BANK YOUTH APPLICATION**

YOUTH APPLICANTS FILL OUT THIS PORTION (ALSO DISCLAIMERS ON BACK) DATE: _____

Youth Name _____ Address _____ Phone _____
Date of Birth _____ School _____ Grade _____ Email _____
Parent Name _____ Phone _____ Email _____

Ethnicity:

Caucasian
 African American
 Hispanic/Latina
 Asian
 Native American
 Multi-Racial

Family

2 Birth/Adoptive Parents
 Step & Birth Parent
 Single Parent Female
 Single Parent Male
 Grandparent
 Foster Parent

Joint Custody
 Other
 Relative/Guardian
 DCF
 On Own

JOB INTERESTS

PREVIOUS EMPLOYMENT (starting with most recent)

REFERENCES (name, address, phone, relationship)

DAYS AND TIMES YOU ARE AVAILABLE FOR WORK

DO YOU HAVE TRANSPORTATION?

Job Bank is an opportunity to gain additional career experience, contribute to the welfare of others, and demonstrate a sense of commitment and responsibility. Please read through the skills checklist and select those jobs that you are willing to do in exchange for pay.

EMPLOYMENT OPPORTUNITIES

Animal Care
 Babysitting
 Yard Work
 Gardening
 Snow Shoveling

Moving
 Painting
 Cleaning
 Tutoring
 Typing/Computer Help

Other:

DISCLAIMER

- 1. I realize that the “Tri-Town Youth Services Bureau” is providing potential “employers” with referrals and not recommendations, with regard to my youth application.
- 2. I understand that the “Tri-Town Youth Services Bureau” is not liable for any accident, injury, or problem situation that occurs during the scope of employment or community service.
- 3. I further understand that the employer has full responsibility for payment and conditions of employment.

_____ Date

_____ Youth Applicant’s Signature

PARENT/GUARDIAN FILLS OUT THIS PORTION OF APPLICATION

PARENT/GUARDIAN DISCLAIMER

- 1. I am aware that my son/daughter, _____, has signed up to participate in the “Tri-Town Youth Services Bureau Employment/Community Referral Program”.
- 2. My child has signed up to do _____ type(s) of work and this meets with my approval. I hereby authorize the Job Bank to furnish my name and telephone number, _____, to prospective employers, so that I may initiate contact and discussion about employment..
- 3. I realize that the “Tri-Town Youth Services Bureau” is providing potential employers with referrals and not recommendations with regard to its youth applicants; and that the “Tri-Town Youth Services Bureau” is not liable for any accident, injury, or problem situation that occurs during the scope of employment or community service. I further understand that the employer has full responsibility for payment and conditions of employment.
- 4. I acknowledge that I have received and read the attached Tri-Town’s Physical or Mental Abuse and Sexual Abuse and Sexual Molestation Prevention Policy. I understand the Policy and reporting procedures.

_____ Date

_____ Parent’s/Guardian’s Signature

_____ Date

_____ Parent’s/Guardian’s Signature

Please mail completed form to:
TRI-TOWN YOUTH SERVICES
 P.O. Box 897; Deep River, CT 06417
 Or drop off at 56 High Street in Deep River or FAX to 860-526-3600
 Thank you!

PHYSICAL or MENTAL ABUSE AND SEXUAL ABUSE AND SEXUAL MOLESTATION PREVENTION POLICY

Tri-Town Youth Services Bureau, Inc. does not permit actual or threatened acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct (“prohibited conduct”) to occur in the workplace or at any activity sponsored by or related to it. In order to make this “zero-tolerance” policy clear to all employees, volunteers and staff members, we have adopted mandatory procedures that employees, volunteers, family members, board members, individuals and victims must follow when they reasonably suspect, learn of or witness prohibited conduct.

Abuse or molestation means each, every and all actual, threatened or alleged acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct performed by one person or by two or more persons acting together.

Reporting Procedure

All staff members who learn of, have a reasonable suspicion of prohibited conduct must immediately report it to the Executive Director. If the victim is an adult, abuse or neglect will be reported by this designee to the local or state police and/or Adult Protective Services (SPS) Agency. If a child is the victim of abuse or neglect the designee will report it to the local or state police and/or Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse or neglect.

Investigation & Follow Up

We take allegations of prohibited conduct seriously. Once the allegation is reported we will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that the prohibited conduct has occurred and that it was committed by the target(s) of the investigation. The investigation may be undertaken by an internal team comprised of fellow employees or we may hire an independent third party. We will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the target(s) of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected prohibited to appropriate authorities, we will endeavor to keep the identity(ies) of the target(s) and the alleged victim(s) confidential.

If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the target’s relationship with our organization.