



SUCCESSFUL FUTURES: WORKFORCE DEVELOPMENT PROGRAM

Dear applicant,

Thank you for your interest in the Successful Futures: Workforce Development Program. Please fill all the items in the application form below, complete the 500-word statement of interest and the recommendation rating sheet. The recommendation rating sheet must be submitted and completed by an individual that knows you well at school (teacher, counselor, etc.) or community member (pastor, priest, therapist, etc.).

Please submit all documents (application form, Statement of Interest, and Recommendation Rating Form) to Raneisha Toppin via email at Raneisha.Toppin@boystown.org

Should you have any questions about the application process or the program itself, please email us at workforce.DC@boystown.org or call us at (202)213.2809.

Thanks!

Raneisha Toppin
Community Engagement Director
Boys Town – Washington DC



**SUCCESSFUL FUTURES:
WORKFORCE DEVELOPMENT PROGRAM
APPLICATION FORM**

APPLICANT INFORMATION

Full Name: _____

Address: _____

Phone number: _____

Personal email address: _____

Date of birth: _____ Sex _____ Race _____ Ethnicity _____

Where do you live?

- At home with biological/adopted parents
- At home with foster parents
- At home with other family members
- At a shelter or currently homeless
- Other

Please explain:

Emergency Contact

Name: _____

Phone number: _____

Relationship: _____

Have you or your family ever received services from Boys Town: Yes –No

If yes, which program?

Family Home Program

Care Coordination Services

In-Home Family Services

Behavioral Health Clinic

What is your career interest?

What is your work history?

- I don't have any work history
- I have been employed before (add details bellow)

Employer: _____	Start Date: _____ End Date: _____
Employer: _____	Start Date: _____ End Date: _____
Employer: _____	Start Date: _____ End Date: _____
Employer: _____	Start Date: _____ End Date: _____

What are/were your post high school graduation plans? (Please check up to two options)

- I don't know yet / Undecided
- Community College
- 4 Year College
- Vocational Training
- Job Corps/AmeriCorps

- Military
- Workforce (full time)
- Other, (please explain: _____)

How have your parents and/or legal guardians committed to financially help you with your Post-Graduation plan?

Are you currently covered under a health insurance plan?

- Yes
- No

Have you ever received TANF or SNAP benefits?

- Yes
- No

How did you hear about our program?



STATEMENT OF INTEREST

Type a 500-word statement using the following guidelines. The essay should have three parts:

1. Introduce yourself and clearly communicate your status in school and plans to graduate. Explain any challenges or barriers you may have with completing school or for plans after graduation.
2. Describe in detail why you believe that Successful Futures Workforce Development Program would be the best option for you to achieve your post-graduation goals.
3. Close the statement communicating what you have done to prepare for your future (both personally as well as with school and employment).



INFORMED CONSENT WORKFORCE READINESS AND CONTINUING EDUCATION PROGRAM

All information supplied in this application is true and complete to the best of my knowledge. If asked, I agree to provide documentation of the information contained herein.

I understand that participation in the Successful Futures: Workforce Development Program is voluntary. Meeting the program requirements is necessary to continue to be a part of the program and receive all its benefits.

Program Requirements

Phase one - Advance Life Skills Training:

- Participants must attend 80% of scheduled training sessions. Make-up sessions are offered based on individual needs and circumstances.
- Participants must work with their Successful Futures Specialist and comply with all assignments, activities, and overall expectations of the program

Phase two – Trade Life:

- Participants must comply with the requirements of advance education and trade programs, when appropriate
- Participants must maintain a schedule that includes a total of 35 hours per week of classes and/or employment
- Participants must work with their Successful Futures Specialist and comply with all Focus Meetings program requirements

I understand that there are certain circumstances that will exclude me from the Successful Futures: Workforce Development Program. These include but are not limited to; marriage, adding dependent children, illegal activity/charged, or the need for increased services.

Applicant Signature

Date



SUCCESSFUL FUTURES: WORKFORCE DEVELOPMENT PROGRAM RATING SHEET INSTRUCTIONS

Dear Referral,

Thank you for agreeing to completing the recommendation below on behalf of

_____ (applicant's name).

RECOMMENDATION RATING SHEET

We are asking you to complete rating sheet below. The purpose of this rating sheet is to help us gain better insight and knowledge of the youth's needs. These answers will not automatically qualify/disqualify youth from admission into the Program. Thank you in advance for your kind and candid responses.

Please submit the letter of support to Reneisha Toppin, Community Engagement Director via email Reneisha.toppin@boystown.org. **Please include the name of the applicant in the subjectline.**

RECOMMENDATION RATING SHEET

Referral: (Name – Last name) _____

Youth: (Name – Last name) _____

Instructions:

Please circle the number that coincides with the definition that best matches your assessment of each of the questions. Please provide any brief comments that will help support your rating.

- I. Rate the Youth's current level of Independent Living Skills (i.e., self-care, self-transport, keeping appointments, etc.)

1 2 3 4 5

1. No Skills – struggles to be independent
2. Minimally independent – requires constant reminders and motivation for self-care and daily chores
3. Average – performs daily activities without much prompting. Needs reminders and motivation for anything additional.
4. Fairly Independent – has good time management and can prioritize tasks to be completed without prompting.
5. Successfully Independent!

Comment:

- II. Rate Youth's level of initiative in extracurricular involvement. (Do they seek out activities to be involved in, is she/he a positive member of the team/activity?)

1 2 3 4 5

1. Not involved/struggles to find something to be involved in.
2. Participates in activities with prompting and needs consistent feedback about participation or monitoring.
3. Participates in activities, may need some prompting to be involved. Doesn't detract or add to the activity he/she is involved in.
4. Is actively involved in activities and is coachable.
5. Consistently finds an activity to be involved in without being prompted and is a positive, active member of the activity.

Comment:

III. Does youth have a positive, supportive adult that they maintain contact with?

1 2 3 4 5

1. Youth does not identify any support systems.
2. Youth has adults in their life but are not positive influences or contact is minimal.
3. Has at least 1 positive adult that the youth engages with weekly.
4. The youth has 1-2 positive adults in their life that maintain contact with them. Overall contact is positive.
5. Has 3+ positive adults that the youth initiates contact with consistently. The adults are supportive and encouraging of the youth and they get along well.

Comment:

IV. Rate youth's ability to work independently or in group settings and their ability to make decisions when away from adults

1 2 3 4

1. Youth struggles when working independently or in a group setting also requires constant supervision.
2. Youth has limited independent skills but works well in groups.
3. Youth can works well independently and in group settings under supervision.
4. Youth excels at working independently and in group settings with minimal adult supervision.

Comment:

- V. Please rate how supportive you are of this youth's application to the Workforce Readiness and Continuing Education Program overall (1-not supportive, 2-somewhat supportive, 3-supportive, 4-very supportive and 5-extremely supportive).

1 2 3 4 5

Signature _____

Name _____

Date _____