



A program designed to serve individuals between the ages of 16 and 24 who are unemployed and undereducated. Participants will have the opportunity to work toward their GED while learning construction skills or through working to obtain a health care certification. Strong emphasis is placed on leadership development and community service.

What you will gain from YouthBuild:

Education - Participants will prepare for their GED, vocational school and/or college education

Job Training - Participants will develop sound work habits, decision-making and time management skills as well as preparation in career pathways and planning and job interviews.

Leadership Development - Participants learn to advocate for issues that concern them and their community.

Counseling - Counseling and referrals are offered to address issues such as childcare, transportation and substance abuse. Group and individual counseling are also incorporated in the YouthBuild curriculum.

Return Applications to either location

YouthBuild

107 Shiloh Drive
Mt. Vernon, IL 62864

Rebecca Payne, Case Manager

618-242-6723

YouthBuild

831 E Second Street
Centralia, IL 62801

Brandon Newcomer, Case Manager

618-533-5288

Education & Training Opportunities Include:

GED Certificate

NCCER (National Center for Construction Education and Research)

OSHA 10 Hour Certificate

Fork Lift Operator Certificate

Hands-On Training & Experience

First Aid & CPR (including AED)

General Employment Skills

Resume Writing

Interview Practice

Placement Assistance (College, Military, Employment)

Opportunity to attend Kaskaskia or Rend Lake College with tuition assistance

Professional Counseling service for Substance abuse recovery

Continued support from Professional Staff

YouthBuild of South Central Illinois Application

Name: _____ Date: _____

Address: _____

Phone: _____ Alternate Phone: _____

City: _____ Age: _____ DOB: _____

Zip _____

S.S. # _____ E-mail _____

Household members living with you at the above address:

First Name	Last Name	Relationship	Age	Dependent	Has Income
------------	-----------	--------------	-----	-----------	------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Where did you hear about **YouthBuild**?

- Newspaper Flyer
 Radio Word of Mouth
 TV Other (write in) _____

Why are you interested in being in this program?

What is your dream job?

If you are accepted into this program, you will be expected to spend 12 hours / week in an academic setting with emphasis placed on reading, writing, math, and construction as well as GED preparation. The remaining 12 hours will be spent at work sites where housing rehab/construction will take place. Program hours are:

Monday through Thursday, 8:15am to 3:30pm
Fridays, 8:15am to 11:30am.

Health

Do you have any physical, medical, or health problems? Yes No

If yes, please describe:

Are you supposed to wear eyeglasses? Yes No

Do you have asthma? Yes No

Diabetes? Yes No

Do you smoke? Yes No

If you smoke, can you limit your smoking to breaks and lunchtime? Yes No

Have you ever had a physical examination? Yes No

If yes, when was your last physical exam? Date: _____

Education

Did you have an IEP? Yes No If yes, what accommodations were made for you?

If you did not complete high school or get your GED, why did you drop out?

Did you take any shop courses in school? Yes No

If yes, which ones? _____

Did you take any health care courses in school? Yes No

If yes, which ones? _____

Driving

Do you own/have access to a car? Yes No

Do you have a valid Driver's/Operators License? Yes No

Has your Driver's/Operators License ever been revoked? Yes No

Training and Work History

Have you ever been in another training program? Yes No

If yes, give name and location of program:

Dates you attended this program: _____

Did you complete the program? Yes No

Employment

Have you ever held a job before? Yes No

Name & Address of Company:

Dates you worked there: From: _____ To: _____

Pay per week: \$ _____

Job Title: _____

Supervisor's Name and Title: _____

Job description: _____ Reason
for Leaving? _____

Current Employment

Are you currently working? Yes No If yes, is your job: Full Time Part Time

If employed, current hourly wage rate: \$ _____ per hour

Number of hours, on average, you work each week: _____

Construction / Health Care Experience

Have you had any construction experience? Yes No Was it paid experience? Yes No

Please describe this experience:

Have you had any health care experience? Yes No Was it paid experience? Yes No

Please describe this experience:

Mental Health History

Have you ever been diagnosed with a mental health condition? Yes No

If yes, please give date and diagnosis _____

Do you take any medication(s)? Yes No

If yes, what medication(s) do you take and how often?

Have you ever been hospitalized for any medical, emotional or mental health reasons? Yes No

If yes, when and why? _____

Do you identify with the LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning) community?
 Yes No

Emergency Contact Information

In Case of an emergency we will contact the individuals that you designate

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Supports

Name at least two people that have been positive influences or role models in your life

1. _____ 2. _____

How have these persons been influential in your life? _____

Comments

Verification Statement

Date: _____

Participant: _____

Cycle: _____

I certify that the all information in this application is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I further certify that I have been informed of my rights to file a complaint.

Are you registered to Vote? Yes No

Are you registered in the Selective Services Data base? Yes No

Have you ever been convicted of any crime? Yes No

Have you ever been incarcerated? Yes No

If yes, how long were you incarcerated and give the date of your incarceration _____?

I dropped out of High School

School/Date:

Highest grade completed:

I am on Probation

Probation Officer/Phone number: _

Date Probation began:

Offense:

I am on Parole

Parole Officer/Phone number:

Date Paroled:

Offense:

I am the child of an incarcerated parent

Parent:

Institution:

Signature of Participant: _____ Date: _____

Name of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____