



NJ Youth Corps



Application Packet



Youth Corps is a state-wide program designed to assist individuals 16-25 years old, who have interests in completing their high school education and gaining valuable community service experience.

Through a combination of classes for the HSE prep and community service experience, Youth Corps members acquire the knowledge and skills necessary to find gainful employment, job training, or enroll in post-secondary education.

What does Youth Corps offer?

- Life Skills
- Academic Instruction
- Financial Literacy
- Employability Skills
- Pregnancy Prevention Planning
- HSE Prep
- Community Services
- Earn up to \$1400 stipend



APPLICANT INTAKE FORM

Date: _____

Interviewed by: _____

PERSONAL INFORMATION

Full Name: _____

Birthday: _____ Age: _____

Full Address: _____

Telephone #: _____ Sex: Male or Female (*circle one*)

Emergency contact:

Full Name & Phone Number: _____

Family Background: _____

With whom do you live with (*include names and ages*): _____

Name of your Parent/Guardian: _____

EMPLOYMENT HISTORY

Are you presently employed? (*Yes or No*) _____

Who is your employer/supervisor? _____

Name of Establishment: _____

Phone Number: _____

May we contact? _____

PARENTAL CONSENT FORM

The New Jersey Youth Corps of Trenton provides a tough, but caring peer-based setting for young adults (ages 16-25) seeking education, training, career counseling, and job and higher education placement. It is our goal to enable our corpsmembers to graduate, continue their education, and become employable, and physically and mentally healthy. With your permission, your child may also participate in mental health counseling services as well.

Your signature below verifies that you:

_____ give your son/daughter, _____
(*Print Parent/Guardian Name*) (*Corpsmembers Name*)

Permission to attend and participate in the New Jersey Youth Corps of Trenton program, and take advantage of all confidential comprehensive support services outlined above.

Corpsmember

Date

Parent/Guardian Signature

Date

CORPSMEMBER HANDBOOK AGREEMENT

I, _____ have received a copy of the New Jersey Youth Corps of Mercer County Community College Trenton handbook. I have reviewed the handbook and acknowledge that I am responsible for its contents. By signing this agreement, I am also giving my consent to submit to a random screening for the purposes of ascertaining chemical dependency or use. I understand that positive results from screening can/will lead to my immediate dismissal from the New Jersey Youth Corps of Mercer County Community College of Trenton.

I understand and accept the New Jersey Youth Corps of Mercer County Community College of Trenton policies and procedures as presented in this handbook.

Corpsmembers Name (*print*): _____

Corpsmember Signature: _____ AGE: _____

If Student is under 18, the following information is MANDATORY

Parent/Guardian Name (*print*): _____

Parent/Guardian Signature: _____

Staff Member Signature: _____

Date: _____



CERTIFICATION

Please read the following carefully and sign below.

I certify that all the statements made in this application are true, correct, and complete to the best of my knowledge, and are made in good faith. I understand that misrepresenting or omitting of information could/may result in disqualification and/or termination from the New Jersey Youth Corps program. I also understand that the information provided herein may be used to process my application for acceptance into New Jersey Youth Corps and for other general routine purpose by the local government and/or Corporation for National Service, and it will not be disclosed outside of these entitues without prior written permission.

Applicant Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

For the Parent or Guardian of Applicants Under the Age of 18

I have reviewed this application and understand the responsibilities and benefits associated with Youth Corps. I authorize my son/daughter/legal ward to apply for and to participate in Youth Corps.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Applicant: _____

Phone Numbers: _____

Address: _____
(Street) (City) (State) (Zip Code)



PHOTO RELEASE FORM

I hereby grant permission to the New Jersey Department of Labor and Workforce Development (NJDOL & WD) and the New Jersey Youth Corps of Mercer County Community College Trenton (NJYCT) to use my photograph in official printed publications without further consideration, and I acknowledge the State's right to crop or treat the photograph at its discretion. I also acknowledge that the NJDOL & WD or NJYCT may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I agree to indemnify and hold harmless from any claims the following:

- The New Jersey Department of Labor and Workforce Development
- The New Jersey Youth Corps of Mercer County Community College Trenton
- State of New Jersey

Name (*print*): _____

Signature: _____

Date: _____



In accordance with NJ Dept. of Labor and Workforce Development, NJ Youth Corps or Trenton has implemented the following Substance Abuse Policy:

During Orientation, prospective Youth Corps Members and their parents/guardians were informed of the Substance Abuse Policy verbally and in writing by the Youth Corps Handbook. During orientation prospective members participated in a Substance Abuse Awareness workshop.

Drug testing will be administered on all Youth Corp members. Members will also be tested at random and when staff suspect a Corps Member is under the influence of drugs or alcohol. Tests will be administered by designated Youth Corps staff or a Certified Drug and Alcohol counselor.

Parents or Guardians will be notified if a test is positive. Members who test positive will be immediately referred for outpatient substance abuse counseling with partnering agencies. Parents or Guardians will be notified when counseling services are rendered, when appointments and referrals are made and if a Corps Member fails to keep an appointment.

Those who do not test positive will be tested again at random. Members, who do not comply with either outpatient substance abuse counseling or continued random testing, will be suspended from NJ Youth Corps.

Members who test positive and behave irately, will be sent home for the day, The counselor will notify the parent or proper authority to pick up the member if necessary. The Corps member may be suspended for up to 5 days. Follow up counseling will be provided for both the Member and the parent.

Members who test positive will not be allowed to use electrical equipment or tools.

Members who continue to test positive during random testing period, will be dismissed from NJ Youth Corps of Trenton.

To remain in NJ Youth Corp, all members and E-Corps members over the age of 18, or Parents of Guardians if under age 18, must sign, date, and return permission to test in accordance with NJ Youth Corps of Trenton guidelines set above. Without permission to test, members may be dismissed.

I _____ do hereby give my permission to NJ Youth Corps, Trenton, to test (*member name*) _____ for drugs and alcohol.

Date _____ Please return to NJ Youth Corps by: _____

NEW JERSEY YOUTH CORPS

CORPSMEMBER/STAFF UNIFORM POLICY

It is the policy of New Jersey Youth Corps (NJYC) that all Corpsmembers must be properly attired in the NJYC uniform at all times while attending the NJYC program. Attendance also includes being transported in NJYC vans. This uniform shall consist of the standard yellow tee shirt or polo shirt and/or a navy blue tee shirt or polo shirt and khaki pants. The shirts may be either long or short sleeved. The choice of either color shirt shall be at the discretion of the NJYC Director. Staff members must be similarly attired. If a staff member is not wearing the standard NJYC uniform, he/she must, at a minimum wear the NJYC lapel pin.

Stipulations regarding the Uniform Policy shall include the following conditions:

1. Standard issue shirts and sweatshirts should be provided to the Corpsmembers by the program; at least one sweatshirt and two tee shirts upon induction. Corpsmembers may be required by the program to purchase their own khaki pants prior to induction. If a Corpsmember does not have sufficient funds to purchase them, the program may purchase the pants and deduct the cost from the Corpsmembers' stipend payments in reasonable increments. A Corpsmember who loses a shirt may purchase a replacement at cost.
2. The uniform shirt, pants, and sweatshirts must be properly fitted. Ill-fitting clothing will not be tolerated. Corpsmembers shall not be permitted to enter the NJYC program site wearing anything other than the standard NJYC uniform. Corpsmembers will not be permitted to participate in any NJYC programming if improperly attired.
3. When attending events which are more formal in nature, a NJYC blazer, as available, should be worn over the NJYC shirt. When participating in signature projects, the yellow shirt must be worn by Corpsmembers and staff.
4. During cold or inclement weather, navy blue NJYC sweatshirts and/or navy blue NJYC field jackets may be worn over the shirt. Coats or jackets which are not NJYC approved may be worn during cold or inclement weather only if standard issue NJYC outerwear is unavailable.
5. Standard footwear may include athletic shoes or work boots. Work boots should be worn while participating in outdoor service projects when Corpsmembers are required to use hand or power tools.
6. If Corpsmembers require headgear during outdoor service projects, NJYC baseball caps or knit caps must be provided. All other types of headgear, including doo rags, are unacceptable.
7. Coveralls or some other form of protective outerwear should be provided to the Corpsmember when participating in painting projects or at other times when it is likely that the uniform will be unduly soiled. Corpsmembers may wear blue or black khaki pants or blue jeans when participating in these service projects.

EMERGENCY CONTACT INFORMATION FORM

*This information will be extremely important in the event of an accident or medical emergency.
Please be sure to sign and date this form.*

Name: _____
(Last) (First) (MI)

Home Phone: _____ Cell: _____

Primary Email Address: _____

Address: _____
(Street) (City) (State) (Zip Code)

Primary Emergency Contact Name: _____
(Last) (First)

Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Secondary Emergency Contact Name: _____
(Last) (First)

Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ Policy# _____

Comments: *(include any special medical or personal information you would want an emergency care provider to know-or special contact information)*

Signature: _____ Date: _____



MCCC • 8627A • 12/017

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	Mercer County Community College 1200 Old Trenton Rd. West Windsor, NJ 08550
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CORPSMEMBER FILES CHECKLIST

General Documents for Personnel File:

- | | |
|---------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Completed YC Application | <input type="checkbox"/> Parental Consent Form (17 & Under) |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Working Papers (if applicable) |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Student Statement of Goals/Essay |
| <input type="checkbox"/> Medical Information Form | <input type="checkbox"/> Emergency Contact Information |
| <input type="checkbox"/> Handbook Receipt | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Orientation Test Results | |

Educational/GED Instructor Files:

- | | |
|------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Locator Test Scores | <input type="checkbox"/> 100 Hour TABE Math Score |
| <input type="checkbox"/> Initial Reading TABE Scores | <input type="checkbox"/> Official GED Practice Test Score |
| <input type="checkbox"/> Initial Math TABE Scores | <input type="checkbox"/> Individualized Education Plan |
| <input type="checkbox"/> 100 Hour TABE Reading Score | <input type="checkbox"/> Consent to Participate in the GED Form |

Personal Counseling & Career Development:

- ☐ Intake Form
- ☐ Bi-Weekly Individual Counselling Note
- ☐ Career Inventory Assessment
- ☐ Career Plan
- ☐ Exit Forms & Follow Ups (7,14,30,60,90, & 120 Day)
- ☐ Resume & Career Portfolio
- ☐ Youth Corps Evaluations



Mailing Address:

Mercer County Community College
NJ Youth Corps
PO Box 17202
Trenton, NJ 08690

For more information:

email Doved@mccc.edu or Johnsoas@mccc.edu
609-570-3153

