

Application Date	
First Name	Last Name
Social Security Number	Date of Birth
Gender Female _____ Male _____	Home Telephone Number
Email Address	Mobile Telephone Number
Racial Identifier (Optional)	
_____ Asian _____ Black _____ Latino/Latina _____ Multiracial _____ Native American _____ White	



543 State Street
Camden, NJ 08102

856.365.HOPE

www.hopeworks.org
info@hopeworks.org

Who is <u>currently</u> responsible for your living situation and expenses? _____ Parent or legal guardian _____ Independent _____ Caregiver or family member _____ JJC or Court-ordered program _____ Shelter/Transitional Housing/Recovery	
Current Street Address/Location 	If your current address IS NOT your permanent address, enter your permanent address below.
If you live in any of the following Housing Authority of the City of Camden (HACC) developments, place a check below next to it. _____ McGuire Gardens (Hope VI) _____ Ablett Village _____ Chelton Terrace (Hope VI) _____ Branch Village _____ Roosevelt Manor (Hope VI) _____ Other: _____ _____ Baldwin's Run (Hope VI)	

Are you currently in school? Yes _____ No _____	If you are not in school, how long has it been since you last attended school?
What grade are you in now or what was the last grade you FULLY COMPLETED? 	What school are you in now or what was the last school/program you attended?
Do you have your high school diploma or GED? Yes _____ No _____ In Progress _____	

CONTINUED...

RETURN THIS APPLICATION IN PERSON TO THE ADDRESS ABOVE WITH A COPY OF YOUR BIRTH CERTIFICATE AND OF YOUR SOCIAL SECURITY CARD, AS WELL AS \$3.50 FOR YOUR TIMECARD.

<p>Have you ever been a trainee or employee of Hopeworks?</p> <p>Yes _____ No _____</p>	<p>How did you hear about Hopeworks?</p> <p>_____ Handout/Flyer _____ Job Fair or Presentation _____ Teacher/Instructor _____ Program Counselor _____ Court or Probation Officer _____ Internet or MySpace _____ Previous Hopeworks Trainee/Employee Name: _____ _____ Current Hopeworks Trainee/Employee Name: _____</p>
<p>If you were previously at Hopeworks, when were you here and for how long?</p>	

<p>If you are under 18, list a parent or guardian's contact information below.</p> <p>Name: _____ Mobile: _____ Work: _____ Home: _____</p>	<p>List another emergency contact in the box below, different from the one listed in the previous box.</p> <p>Name: _____ Mobile: _____ Work: _____ Home: _____</p>
<p>Do you have any medical conditions that may affect you or your performance at Hopeworks?</p> <p>Yes _____ No _____</p>	<p>If you answer 'Yes' to the previous question, please describe those conditions below.</p>

For which program are you making this application?

_____ **Day Training Program** (Out-of-School Youth, ages 17-23)
 Monday through Friday, 8:00 AM until 12:00 PM (July and August)
 Monday through Friday, 9:00 AM until 3:30 PM (September through June)

_____ Hope Through School **Summer Program** (In-School Youth, entering ninth grade or above)
 Monday through Friday, 2:00 PM until 4:30 PM (July and August)

_____ Hope Through School **Afterschool Program** (In-School Youth, in ninth grade or above)
 Monday through Thursday, 3:45 PM until 6:00 PM (September through June)

_____ **Summer J.O.B.S. Program** (In-School Youth, in ninth grade or above)
 Monday through Friday, 8:00 AM until 12:00 PM (July and August)

<p>Are you currently employed or working?</p> <p>Yes _____ No _____</p>	<p>If you are employed, where do you work and what are your work hours?</p>
<p>Do you have any dependants or children who you care for during the day?</p> <p>Yes _____ No _____</p>	<p>Do you have any obligations, planned vacations, after school activities/clubs, sports or other things that would prevent you from being at Hopeworks during our program hours (listed above)?</p> <p>Yes _____ No _____</p> <p style="text-align: right;">STOP.</p>

APP _____	TOU _____	STR _____	FST _____	DBE _____	TC Paid _____	TC Received _____
BRC _____	SSC _____	POL _____	INC _____	RES _____	TC Issued _____	File Created _____