

Growing Hope Teen Mentor Internship Application

Please complete <u>neatly</u> using blue or black ink.

Contact Information

Legal First Name		
Legal Middle Name	Preferred Pronouns:	
Legal Last Name	Preferred Name	
Date of Birth (Month-Day-Year)	Age	
Home Address		
Phone #	Secondary Phone #	
Email Address		com
Parent/Guardian Information:		
Name	Phone	
Parent/Guardian Email		
Education:		
School Name	Anticipated Graduation Year	
Have you graduated high school?	If YES, when?	
Do you have any other education you	would like us to know about?	

(It's ok if you a	are not in school.)			
Emergency	Contact Informati	on:		
Name:	Name:Relationship:			
Phone #:				
References	<u>.</u>			
Who referred	you to the Teen Mento	r program?		
Contact Name	2:	Relationship		
Origanization_		Phone #		
Email				
candidate for		who can tell us more about why you are a good xample would be a teacher, mentor, pastor, or other		
Name:	Relationship:			
Phone #		Email:		
•	onsible for getting to ar and from Growing Hop	nd from work on time. Please tell us about how you be Center (922 W. Michigan, Ave. Ypsilanti) on the		
How?	Yes/No	With Who?		
Walk				
Bike				

Car			
Bus		Route #	
		If yes, tell u	s about your work experience:
Job title:		Organization:	
Dates Employ	ed:	Amount Paid:	
Job title:		Organization:	
Dates Employ	ed:	Amount Paid:	

Schedule:

Teen Interns work 5-10 hours a week after school and 15-20 hours a week during the summer including one Saturday a month. In the space below, please tell us if you already have something scheduled during the week. This could be sports, music lessons, counseling, babysitting, religious commitments, after school programs, etc:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Example: School 8am-3pm Basketball 4pm-6pm	Example: School 8am-3pm	Example: School 8am-3pm Basketball 4pm-6pm	Example: School 8am-3pm Counseling 5pm-6pm	Example: School 8am-3pm	Example: Babysitting 5pm-10pm

Please list the dates of any events that will cause you to miss work from June- August 2018. This could include things like planned vacations, family events, performances, sports, etc:

Date You Leave	Date you Return	Reason for missing work:

Short Answer Questions

Please answer the following questions <u>thoughtfully and completely.</u> It's hard to get to know you if you just write one sentence. (If you run out of space, attach responses on a separate sheet of paper.)

Why do you want to be a Teen Mentor and what do you hope to gain from this experience?
Why are you interested in learning about urban farming, local food and healthy eating?

Describe what being a leader means to you.
If you could change any issue in your community or environment, what would you change and why?

Skills and Proficiencies

Please respond to each of these questions by circling an answer. These questions help us to get a better understanding of each applicant's skills in different areas. Inexperience will not affect eligibility for this program.

	•		
I know how to use a computer.	Yes	No	Unsure
I know how to use email.	Yes	No	Unsure
I have an email address.	Yes	No	Unsure
This will be my first paid job.	Yes	No	Unsure
I know how I will get to and from work. (ride, walk, bike, bus)	Yes	No	Unsure
I am comfortable working outside.	Yes	No	Unsure
I have worked with youth before	Yes	No	Unsure

Additional Information

Responses will	not affect	eligibility.
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Ethnicity Race			
English Proficiency (circle one)	Fluent	Somewhat Fluent	Not Fluent
Does your family qualify for SN (circle one)	AP/EBT/Bridge C	ard, WIC, or free or	reduced lunch?
Yes	No	Do Not Kno	ow.

Proof of Age

Please attach a copy of **one** of the following with your application:

- Unexpired ID card
- Driver's License
- US Passport
- Permanent Resident Card
- Birth Certificate
- Any other official document that legally proves your age

wanc	sure you completed all sections and requirements:
	Complete application in blue or black ink
	Attach proof of age document
	Contact information
	Eligibility
	Employment
	Education
	Availability
	Additional Information
	Answered Short Answer Questions
	Sign Applicant Acknowledgement
	Parent/Guardian Signature
Appl	icant Acknowledgement
	by certify that the information above is true and correct to the best of my
	edge. I understand that any falsification of this information can lead to
disqua	alification of my application. I authorize Growing Hope staff to contact any
refere	nces listed above to release information about my employment or program
	ipation.
partic	
partic	cant SignatureDate
partic Applic	cant SignatureDate
partic Applic	nt/Guardian Permission (REQUIRED if under 18 years of age)
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Phone#		Date
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Applications must be received by 5pm on Tuesday, April 24, 2018!

Applications may be submitted in the following ways:

- Scan and email to jeff@growinghope.net
- Mailed or hand delivered to our physical location at:

Growing Hope Center 922 West Michigan Ave Ypsilanti, MI, 48198

You will be notified by phone or email to set up an interview. Interviews will be conducted May 8th - May 19th. If you are not asked to come in for an interview, we will keep your application on file and contact you about other opportunities with Growing Hope.