



**COMPREHENSIVE ADOLESCENT PREGNANCY PREVENTION
(CAPP)
SUMMER EMPLOYMENT PROGRAM - 2018**

Applicant Information – Please complete this form in its entirety

Last Name _____ First Name _____
Address _____
Apt. _____ Zip Code _____ Telephone # _____
Date of Birth _____ Age _____ Male _____ Female _____

Parent Information

Parent or Guardian Name _____ Relationship _____
Employer Name _____
Job Title _____ Telephone # _____
Emergency Contact _____ Telephone # _____
Does the youth have any health conditions that require medication(s)? _____
What are they? _____

School Information

What school do you attend? _____ What grade are you in? _____
What extracurricular activities have you participated in? _____
What is your overall average? _____ Are you attending summer school? _____
If yes, where? _____ What are your summer school hours? _____
(Please submit a copy of your most recent report card)

How did you learn about our Summer Youth Employment Program?

Friend _____ Relative _____ Website _____ Other (please list) _____
Are any of your relatives currently employed at BFNC? Yes ___ No ___
If yes, please identify: _____

Employment Information

Have you worked before? _____ If so, where? _____
Have you worked during the summer before? _____ If so, where? _____
What were your duties? _____
What community activities have you participated in? _____
What skills do you have (typing, filing, child care, etc.)? _____

Did you fill out an application with the Buffalo Summer Youth Employment Program? _____
If no, why? _____

Do you speak more than one language? _____
If yes, what languages(s)? _____
What are your career goals? _____
Where do you see yourself in 5 years? _____

Why should you be hired for summer youth employment? _____

REFERENCES: *Identify 3 persons who can provide positive information about your work performance and/or character. Not more than 1 relative can be listed.*

1. Name: _____ Relationship: _____
Address _____ City/State _____
Phone (Day) _____ Phone (Evening) _____
2. Name: _____ Relationship: _____
Address _____ City/State _____
Phone (Day) _____ Phone (Evening) _____
3. Name: _____ Relationship: _____
Address _____ City/State _____
Phone (Day) _____ Phone (Evening) _____

Completed applications can be returned in person or by mail to:

**BFNC/CAPP
76 Orange St
Buffalo NY 14204**

Please call 716-856-0363 or 716-885-1455 with any questions regarding this application or the 2018 Summer Youth Employment Program.