



Youth Exploration Program

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Student ID#: _____

Preferred Pronoun: He/Him/His She/Her/Hers They/Them/Name

Gender: _____

Race: _____

Shirt Size: Small Medium Large XL XXL

Glove Size: Xsmall Small Medium Large XL XXL

Education

High School: _____ Address: _____

Grade: _____ Graduation Year: _____

Sports: _____ Clubs: _____

Background Information

List activities you enjoy as a hobby, for fun, or interested in and fun facts about you:

Activity #1: _____

Activity #2: _____

Activity #3: _____

Fun Fact #1: _____

Fun Fact #2: _____

Fun Fact #3: _____

Interest #1: _____

Interest #2: _____

Interest #3: _____

Employment

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____



Agreement Release Checklist

_____ PERMISSION TO CONTACT

My help may be requested in evaluating the ANEW agency and/or its programs and services; any of their representatives may contact me or my employer to ask how I have benefited from services provided by ANEW or for, but not limited to, interviews, surveys, wage, start date of employment, and other evaluative or monitoring tools or activities. This information would be used to evaluate effectiveness of the program and identify areas of improvement. I understand and permit contact by one of the above agencies.

_____ PHOTOGRAPH & WEBSITE RELEASE

I do hereby consent and agree that ANEW, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning and during my Training to use in any and all media, now or hereafter known, and exclusively for the purpose of program promotion, outreach, and data sharing with grant funders. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to ANEW, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that ANEW is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I am at least 18 years of age or parent or guardian, have read and understand the foregoing statement, and am competent to execute this agreement.

_____ CODE OF CONDUCT

I understand that in order to assure mutual respect is given to both clients and ANEW staff, ANEW reserves the right to refuse service to anyone conducting themselves in an inappropriate manner. While I am in the office or on the phone, I will behave professionally and treat staff politely. Angry outbursts or rude behavior is not permitted.

_____ GRIEVANCE PROCEDURE

If you feel you are not being treated fairly, please follow this course of action:

1. The client must file, in writing, a grievance request for any unresolved issues concerning continued participation in any project operated by ANEW.
2. This grievance request must be filed within thirty (30) days following the action in question.
3. The grievance letter should be directed to the ANEW Staff and must include:
 - a) date of request;
 - b) clear, complete statement of the issue;
 - c) statement of facts concerning the issue;
 - d) a statement of why the action in question was incorrect;
 - e) a statement of what action or remedy the participant is seeking; and
 - f) a description of previous actions exhausted and their results.
4. The ANEW Staff will respond in writing within fifteen (15) working days.
5. If not satisfied, submit a letter to the Executive Director of ANEW within fifteen (15) days.
6. The Executive Director will respond within fifteen (15) days of receipt of the letter.

_____ CONSENT TO RELEASE OF CONFIDENTIAL INFORMATION

I understand that under federal and state law, my records are confidential and may not be disclosed without my written consent, unless otherwise provided for by law or regulation. I also understand that I may revoke this consent at any time. I have also been advised that information released under the authority of this document will be used in conjunction with my participation in the joint partnership training program. This information will be used to provide the most appropriate services available and to provide aggregate data to funders.

In addition, I authorize the partnership staff to contact me in the future for evaluation and assessment purposes. I acknowledge that I have been fully advised of my rights under federal and state confidentiality laws and of the proposed uses of the requested material. This consent is given of my own free will. All changes to this form must be initialed by the client / trainee.

LIABILITY WAIVER

I have chosen to enroll in one of ANEW's Pre-Apprenticeship Program(s): Trades Rotation Program (TRP); Pre-Apprenticeship Construction Education Program (PACE); or Construction Boot Camp Program (CBC) or Youth Exploration Program (YEP). I understand that training may occur in various locations that require me to drive, carpool, or use other means of transportation. I understand and agree that I am solely responsible for my own transportation to and from any training or support function.

I understand that Washington law (RCW 46.30) makes it unlawful for any person to operate a motor vehicle unless the person is insured under a motor vehicle liability policy with liability limits of at least the amount provided by statute. I understand and agree that I am solely responsible for complying with Washington law regarding automobile liability insurance in the event I choose to operate a motor vehicle.

I understand and agree that I am personally responsible for any and all accidents or incidents that may occur in the course of traveling to and from training, job search, employment, or any other activity of any type at any ANEW site, its affiliate colleges or K12, or Joint Apprenticeship Training Committee facilities.

I understand and agree that I am solely and personally responsible for locating transportation options if I do not have a valid driver's license or if I do not have the minimum motor vehicle liability insurance required by Washington law.

I agree to forever release ANEW from any and all claims of liability, injuries, or damages arising out of any accident or incident occurring during the course of travel to and from any ANEW training or event of any type, whether or not such claims are incurred by me or by any other person. I further understand and agree that I am not an employee or agent of ANEW, nor shall any travel to or from any ANEW training or event of any type be considered to take place within the scope of any employment or agency relationship.

I agree to forever indemnify and hold harmless ANEW from any claims of liability, injuries, or damages of any type whatsoever which may arise in the course of travel to and from ANEW training or events of any type, whether such claims are incurred by me or any other person.

ONLY FOR PRE-APPRENTICESHIP PROGRAM APPLICANTS

PHYSICAL ACTIVITY LIABILITY RELEASE

I understand that I am participating in the physical activities presented in the ANEW Pre-Apprenticeship Program of my own free will and at my own risk.

I will not hold ANEW liable for any injuries and/or accidents that might occur due to my participation in these activities. I am fit to perform these tests and have been informed I may stop at any time if I am unable to safely perform the tasks assigned to me.

I have read this form, understand its contents, and agree to all of the above statements.

Client Printed Name

Client Signature

Date