



## ANEW Enrollment Form

Date: \_\_\_\_\_

### **CONTACT INFORMATION:** PLEASE PRINT CLEARLY

Name (first) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (last) \_\_\_\_\_

Address (street) \_\_\_\_\_ (apt./unit) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (county) \_\_\_\_\_

Phone \_\_\_\_\_ Indicate preferred contact:  Cell  Text  Email

Email (print clearly) \_\_\_\_\_

### **OUTREACH & RECRUITMENT INFORMATION:**

#### How did you hear about ANEW?

- |  |  |
|--|--|
| <input type="checkbox"/> Friend/Family                 | <input type="checkbox"/> Craigslist          |
| <input type="checkbox"/> Pre-Apprenticeship program    | <input type="checkbox"/> Port Jobs           |
| <input type="checkbox"/> Apprenticeship program        | <input type="checkbox"/> DOC                 |
| <input type="checkbox"/> Social media (indicate) _____ | <input type="checkbox"/> Event (name): _____ |
| <input type="checkbox"/> WorkSource                    |  |
| <input type="checkbox"/> DCYF                          |  |

### **PROGRAM INFORMATION:**

Are you already an apprentice?  Yes  No

What trade are you in? \_\_\_\_\_

What union? \_\_\_\_\_

Are you interested in applying to Apprenticeship Opportunity Project (AOP) for support?  Yes  No

Did you complete a pre-apprenticeship program before entering apprenticeship?  Yes  No

If yes, which one?

- ANEW-TRP  PACE  SVI  YouthBuild  TRAC  CTAP  Other: \_\_\_\_\_

Are you Interested in pre-apprenticeship?  Yes  No

What program are you interested in applying for?

- |   |  |
|---|--|
| <input type="checkbox"/> Trades Rotation Program (Kent, WA) | <input type="checkbox"/> TEPA Program (Chehalis, WA) |
| <input type="checkbox"/> PACE Program (Kent, WA)            |  |
| <input type="checkbox"/> CBC (Location Varies)              |  |

What is your potential start date? start date: \_\_\_\_\_

Have you previously been enrolled in a pre-apprenticeship program?  Yes  No

If yes, which one?

- ANEW-TRP  PACE  SVI  YouthBuild  TRAC  CTAP  Other: \_\_\_\_\_

**SELF IDENTIFICATION INFORMATION:**

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

What is your family size (including yourself)?  1  2  3  4  5  6  7+

Do you have children or dependents?  Yes  No If yes, how many? \_\_\_\_\_

**What are their ages?**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**What is your current household type?**

- Single adult
- Single minor
- Couple, no children
- One parent family
- Two parent family
- Foster family

**What is your current living situation?**

- Rent house or apartment
- Own residence
- Transitional/temporary housing
- Work release (completion date: \_\_\_\_\_)
- Couch surfing
- Live in a public housing community or shelter
- Homeless

**Have you experienced homelessness at any time within the last year, including currently?**

*(more than one night staying at a hotel, motel, staying at a shelter or temporary housing program, couch surfing, sleeping in a car, a park, campsite or on the street, doubled up with another family due to hardship, or in a residence with inadequate facilities (i.e. no heat, water, electricity).*

- Yes  No

**Are you currently or have you ever been in foster care?**

- Yes, before the age of 13
- Yes, after the age of 13
- No
- I do not know

Can you speak, read, and write in English?  Yes  No

**What is the primary language spoken in the home, if other than English?**

- Amharic
- Arabic
- Chinese
- Korean
- Punjabi
- Russian
- Somali
- Spanish
- Tagalog
- Ukrainian
- Vietnamese
- Other: \_\_\_\_\_

**Are you currently receiving any of the following services? (Please check all that apply)**

- SNAP/food stamps
- Unemployment
- TANF / WorkFirst  Yes  No
- SSI/SSDI
- Receive government assistance for housing
- Other support services: \_\_\_\_\_
- I DO NOT receive any of the services above
- I DO NOT receive any of the services above, BUT an immediate family member (parent/spouse/sibling) does
- I DO NOT receive any of these services, BUT I or an immediate family member did less than 12 months ago

**How do you identify?**

- Male
- Female
- Transgender
- Non-binary
- Other: \_\_\_\_\_
- Prefer not to disclose

**How do you identify?**

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Other: \_\_\_\_\_

**Are you of Hispanic, Latino, or Spanish origin?**  Yes  No

**How do you best describe yourself?**

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- More than one race
- Prefer not to disclose

**Additional Questions**

- Do you have challenges understanding math or written instructions?  Yes  No
- Do you have a disability or require accommodations for a medical condition?  Yes  No
- Are you currently or have you in the last 12 months received mental healthcare?  Yes  No
- Are you currently or have you in the last 12 months received care for drug or alcohol addiction?  Yes  No
- I prefer not to disclose this information  Yes

**Health care coverage?**

- Yes Provider: \_\_\_\_\_
- No

**Driver's license status?**

- Yes State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_
- No

**What is your current status?**

- Citizen
- Legal Resident
- Immigrant
- Refugee

**Veteran status?**

- Veteran
- Spouse of eligible veteran
- Not applicable

**EDUCATION INFORMATION:**

**What is your current education status? (Check all that apply)**

- Attending high school or equivalent
- Enrolled in GED program
- Attending post-secondary/vocational training
- HS Diploma
- Completed GED
- No high school diploma
- Associate degree
- Technical or Vocational certificate
- Bachelor's degree
- Masters or Doctoral degree

**Which high school did you attend?** \_\_\_\_\_

**What school district was your high school in?** \_\_\_\_\_

**Did you ever attend high school in the *Seattle Public School District*?**  Yes  No

**If yes, which high school** \_\_\_\_\_

**Do you currently have a student attending a *Seattle Public School* living in your household?**  Yes  No

**Do you have access to your transcripts?**

- Yes
- No

**Have you ever filled out FAFSA?**  Yes  No

**COURT INVOLVEMENT:** *Please note we ask these questions to better assist you with placement into employment.*

**Have you ever been convicted of a crime?**

- No
- Yes, *misdemeanors only*
- Yes, *misdemeanors and felony*
- Yes, *felony only*

**Currently on probation or in Work Release?**  Yes  No

If yes, please provide following:

County: \_\_\_\_\_ Duration (till when?): \_\_\_\_\_

Probation Officer/CO: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you have check in requirements with your PO/CO?**  Yes  No

If yes, how often? \_\_\_\_\_

**Do you have any pending legal matters (such as child support, criminal, civil, etc.)?**  Yes  No

If yes, please describe: \_\_\_\_\_

**Do you have any pending court dates?**  Yes  No

If yes, please list: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

**What is your current employment status?**

- Employed - full-time
- Employed - part-time
- Employed - seasonal
- Currently on unemployment
- Not employed – looking for work
- Other: \_\_\_\_\_

<b>Current or most recent employment</b>	Employer:		Starting Hourly Wage:	
	City, State:		Ending Hourly Wage:	
	Job title:		Hours Worked Per Week:	
	Start date (Month/Year):	End date (Month/Year):	Reason for Leaving:	
<b>Previous employment (just prior to current or last job)</b>	Employer:		Starting Hourly Wage:	
	City, State:		Ending Hourly Wage:	
	Job Title:		Hours Worked Per Week:	
	Start date (Month/Year):	End date (Month/Year):	Reason for Leaving:	

**EMERGENCY CONTACT:**

Name (first) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (last) \_\_\_\_\_

Address (street) \_\_\_\_\_ (apt./unit) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (county) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to you \_\_\_\_\_

**INFORMATION VERIFICATION STATEMENT:**

Please read and initial the statements below and provide your signature and date.

\_\_\_\_\_ *I certify that the information provided is true to best of my knowledge. I am also aware that the information I have provided is subject to review and verification by ANEW staff, and I may have to provide documentation to support the information provided.*

\_\_\_\_\_ *I allow release of this information for verification purposes and understand that it will be used to determine eligibility of services. I understand that receiving services is subject to availability of funding and that training and/or services are not guaranteed to me. I understand that if I am enrolled for pre-apprenticeship training, my employment status will be tracked by ANEW for up to 2 years.*

\_\_\_\_\_ *In order to verify the information or conduct further program evaluation, I understand it may be necessary to collect additional information from records at government agencies. This information would include but not be limited to Washington State Employment Security Department, Social Security Administration, or TANF (Temporary Assistance to Needy Families) records. The Washington State Basic Food Employment and Training (BFET) program helps ANEW provide job search, job search training, self-directed job search, and skills training to Supplemental Nutrition Assistance Program (SNAP) recipients.*

\_\_\_\_\_ *My signature indicates my willingness to be screened through Washington State Connections and allows the release of this information and job placement data to ANEW staff and researchers for program monitoring, research, verification, additional data collection, and evaluation purposes.*

\_\_\_\_\_ ***My personal information will not be provided to any outside person or agency except where needed to determine eligibility for related programs or grant reporting purposes. Information provided on this form will not affect any benefits I am already receiving from other agencies.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NON-DISCRIMINATION POLICY:**

*ANEW follows the equal opportunity employment and training policy and does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, background, or marital status.*

## If you are 18 - 20 years old, you may be eligible for support from ANEW through Passport to Apprenticeship!



Passport to Apprenticeship offers case management and financial support to apprentices and pre-apprentices ages 18-20 who have experienced homelessness or foster care. ANEW has a contract through this program and designed this questionnaire to help us in determining if you are eligible for additional funding from ANEW through this program. Please answer the following questions if you are between the ages of 18-20 and are interested in accessing additional funding through ANEW. People who are eligible and enroll in Passport to Apprenticeship can receive support services until turning 26.

### **INFORMATION VERIFICATION STATEMENT:**

\_\_\_\_\_ WSAC reserves the right to verify information provided by you on this application through the collection of additional documentation and personal interviews.

\_\_\_\_\_ I grant permission to discuss my eligibility for the Passport to Careers program with the financial aid office and support staff at the college I attend.

\_\_\_\_\_ I also authorize the sharing and verification of the information provided in this application with appropriate officials, such as my McKinney-Vento liaison, social worker, shelter manager, case manager, church official, or any other person(s) in an official capacity.

***By signing below, I certify that all the information provided on this worksheet and the attached documentation is complete and correct. I understand if I intentionally provide false or misleading information, I may be legally responsible and could be required to repay any state financial aid I receive.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Supplemental Documentation:**

#### **Attaching documentation verifying unaccompanied homelessness**

\_\_\_\_\_ By checking this box, you declare that you are able to provide verification of your status as an unaccompanied homeless youth from an authorized official such as a McKinney-Vento liaison, social worker, shelter manager, case manager, or church official. Please attach your documentation to this application.

#### **Unable to obtain documentation verifying unaccompanied homelessness**

\_\_\_\_\_ By checking this box, you declare you are unable to provide independent verification of your status as an unaccompanied homeless youth.

In place of the verification, please attach a letter explaining your situation qualifying you as an unaccompanied homeless youth and explaining why you are unable to get documentation from an authorized official. Attach any information you may have in support of your statements. If you have chosen to leave your parents' home, you will need to demonstrate that you were at risk of harm if you continued living with your parents.

## Application Budget Worksheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Average Monthly Income (net income)	
Employer (self)	\$ _____
Date Range (start): _____	(end): _____
Pay frequency (circle): weekly / bi-weekly / semi-monthly / monthly	
Employer (spouse)	\$ _____
Date Range (start): _____	(end): _____
Pay frequency (circle): weekly / bi-weekly / semi-monthly / monthly	

Average Monthly Expenses for Household	
Expense	Amount
Mortgage/Rent	
Mortgage/Renter's Insurance	
Water bill	
Electricity bill	
Groceries	
Gas	
Transportation (bus pass, auto maintenance)	
Childcare	
Cell Phone	
Cable bill	
Internet bill	
Steaming services (tv, music and app subscriptions)	
Car payment	
Car Insurance	
Health Insurance	
Medical/Dental/Prescriptions	
Life Insurance	
Personal care (hygiene, hair, nails, etc.)	
Clothing	
Cigarettes	
Eating out (fast food, meals)	
Entertainment	
Social activities (w/ friends/family)	
Credit cards	
Legal payments	
Fines (vehicle, court, tickets, etc.)	
Other Loans	
TOTAL EXPENSES	

**Please answer the following questions before completing the budget worksheet.**

How many dependents and children? # \_\_\_\_\_

Do you have a roommate?  Yes  No  
*If yes, please only include your portion of expenses.*

Total number of people in the household? # \_\_\_\_\_

Are you receiving Unemployment?  Yes  No  
 If yes, how much are you receiving weekly? \$ \_\_\_\_\_

Do you receive any of the following?

- SNAP/food stamps  Yes  No  
 If yes, how much? \$ \_\_\_\_\_
- TANF/Work first  Yes  No  
 If yes, how much? \$ \_\_\_\_\_
- SSI/SSDI  Yes  No  
 If yes, how much? \$ \_\_\_\_\_
- Other support services?  Yes  No  
 If yes, how much? \$ \_\_\_\_\_

Do you receive a childcare credit?  Yes  No  
 If yes, how much? \$ \_\_\_\_\_

Do you receive child support?  Yes  No  
 If yes, how much? \$ \_\_\_\_\_

Do you make a child support payment?  Yes  No  
 If yes, how much? \$ \_\_\_\_\_

Do you receive a housing subsidy?  Yes  No  
 If yes, how much? \$ \_\_\_\_\_

***Please remember to bring 1-months of paystubs, from all employers, to your meeting.***

*I certify that the above budget worksheet is true and accurate to the best of my knowledge:*

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_



## APPRENTICE RESOURCE CENTER (ARC) AGREEMENT

The objective of the **Apprentice Resource Center**, a Program of **ANEW**, is to help clients overcome the barriers to entering a construction apprenticeship.

I, \_\_\_\_\_ agree to the following:  
Client Printed Name

\_\_\_\_\_ Notify ANEW staff of any change to my address or telephone numbers.

\_\_\_\_\_ Once employed, I agree to provide employment information containing employer name, start date, and wage.

\_\_\_\_\_ I understand ANEW will monitor my progress by contacting me every six (6) months for two (2) years. I will make every effort to return the call and report my employer name and current wage.

\_\_\_\_\_ I know support services are a fund of last resort and failure to return a receipt terminates all future support services.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date



## 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, 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 Program Manager 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 Program Manager 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.

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## 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). 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 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.

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### **ONLY FOR PRE-APPRENTICESHIP PROGRAM APPLICANTS**

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#### 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.

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Client Signature

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Client Printed Name

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Date