

Job Readiness for English Language Learners 2020-21 JRELL Peer Counselor Application

*Please complete application with blue and black ink only. Application Due by June 5th, 2020

GENERAL INFORMATION										
					DATI O BIRTI	F				
LAST NAME		FIRST NAME		•		ONTH	DAY	YEAR		
								94		
		ADDRESS				ZIP				
()	()									
CELL/ALTERNATE PHONE		HOME PHONE		E-MAIL ADDRESS						
LAST 4 DIGITS OF YOUR SS #	SCH	SCHOOL NAME		AGE			T-SHIRT SIZE			
Best way to contact you		Email 🗌	mail Home Phone		Cell Phone					
Sex	RACE									
	☐ African-A			☐ Filipino		☐ Russian☐ White/Caucasian				
	□ Female □ Arab-American □ Chinese			☐ Hispanic/Latino☐ Multiracial/Other (specify)				_aucasian		
Which neighborhood do y	you live in?	(Ex: Chinatow	vn, Rich	nmond, Sunset	t, etc.)					
Including yourself, how m	any people	live in your h	nome?							
Annual Household Incom	e? \$									
What year did you move t	o the Unite	d States?								
Do you have any disabiliti	es? □ Yes	□ No								
If yes, what is the disability	y:									

Do you receive p	ublic assistance?	(Check all the	following tha	t applies) \square	Yes □	No			
☐ Food s	housing (Section tamps (TANF) nvolved with the S		☐ General			Medi-Cal Group Home	/Fost	er Care	
If yes, do you hav	e a probation off	icer? □ Yes	□ No						
Probation Office	r Name:			Phone N	Number	÷			
Do you have a Ca	ase Manager? 🛚	Yes □ No							
Case Manager's I	Name:			Phone N	lumber:				
Organization Na	me:								
EDUCATION									
		SCHOOL NAME (Neighborhood, City)		GRADE LEVEL		ANTICIPATED GRADUATION YEAR		GPA	
HIGH SCHOOL									
WORK EXPERIEN *Please list your	ICE most recent work	experiences.	(Including MY	EEP, Summ	er Jobs+	-, YAWL)			
DATES	JOB TITLE & RESPONSIBILIT	F \	GANIZATION/ OGRAM NAME	WORKS (IF APPLIC		SUPERVISC NAME & PHO		SALARY	
FROM:									
TO:									
DATES	JOB TITLE & RESPONSIBILIT		GANIZATION/ OGRAM NAME	WORKS (IF APPLIC		SUPERVISC NAME & PHC		SALARY	
FROM:									
TO:									
OTHER PROGRAM									
Are you current	ly enrolling in an	y other CYC p	orograms in 2	019-2020? (Check	all that apply.	.)		
☐ MYEEP	□ NCC	☐ YCE	□ YAW	'L	□ Othe	r:			
Are you plannin ☐ MYEEP	ig to enroll in any □ NCC	other CYC p □ YCE	rograms in 20 YAW		Check a □ Othe				

LANGUAGES AND SKILLS										
What is you	ur prim	ary languag	e spoken at ho	me?						
Other Languages:					□	Spoken	□ Written			
						Spoken	□ Written			
How fluent are you in English?										
☐ Not Fluent ☐ Somewhat Fluent ☐ Very Fluent On a scale of 1-10 , 10 being very fluent and 1 being not fluent at all, how would you rate your English?										
On a scale of 1-10 , 10 being very fluent and 1 being not fluent at all, how would you rate your English? (Circle a number.)										
1 :	2	3	4 5	6	7 8	9	10			
Not Fluent Somewhat Fluent Very Fluent										
WEEKLY SO	CHEDUL	<u>E</u>								
(Ex. School 8:00am-3:30pm, Basketball Practice 4:00pm-6:00pm, or I am available to work from 4:00pm- 6:00pm, etc.)										
Sunday	M	onday	Tuesday	Wednesday	Thursday	Friday	Saturday			

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please turn in this application the following CYC location or email to Annie Tong.

Community Youth Center Richmond Employment Branch 319 Sixth Avenue San Francisco, CA 94118

If you have any questions, please feel free to contact Annie Tong at 415-775-2636 ext 211 or anniet@cycsf.org

Thank you for your application!