



900 Nelson St, 2nd Floor
Staunton, VA 24401
(540) 332-3806

413 Port Republic Rd
Waynesboro, VA 22980
(540) 942-6757

YOUTH CORPS APPLICATION

Applicant's full name (printed): _____

Date of Birth: _____ Age: _____ Sex: _____ Free or Reduced Lunch? _____

Address: _____ City: _____

Name of School: _____ Current Grade Level: _____

E-Mail: _____ Cell Phone: _____

Where do you live? Staunton _____ Augusta County _____ Waynesboro _____

Do you have reliable transportation? _____

Parent/Guardian's Full Name (print): _____

Relationship: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Place of Employment: _____

Please describe any physical limitations (inability to lift, limits to strenuous exercise, etc.) or physical health problems (allergies, handicaps, etc.) which may limit applicant's ability to perform certain job duties:

How did you learn about Youth Corps? _____

Is the applicant currently involved in the juvenile justice system? Yes _____ No _____

Applicant: Please mark areas of work you would be interested in:

Clerical/Filing/Organizing _____ Janitorial/Maintenance _____ Car cleaning/service _____

Child Care _____ Stocking Shelves _____ Cashier _____

Greeting the Public _____ Food Service _____ Other (please list) _____

Would be willing to work with:

Handicapped/Mentally Ill _____ Senior Citizens _____ Children _____ Adults _____

Applicant: Please state in your own words, what you hope to learn from this program.

I, as parent/guardian of _____ do hereby recognize that:
(Applicant's Name)

The Central Shenandoah Valley Office on Youth is neither an employer nor a principal, but is merely offering a volunteer community service program in which my child can participate. I further recognize that sponsoring agencies of this program receive no compensation, fee, or other material benefit from this program. I understand my child will be in a program that may require physical labor and activity. In signing this agreement, I acknowledge that my child is covered by medical and liability insurance. Further, I hereby agree to waive and release any of the Central Shenandoah Valley Office on Youth and participating work sites from liability of any nature whatsoever resulting from my child's participation in The Central Shenandoah Valley Office on Youth pre-employment training program.

Parent/Guardian's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

The completed application and waiver form must be **RECEIVED NO LATER THAN May 10th, 2019**. The attached Recommendation form must be completed by a **non-family member**, such as a guidance counselor, teacher, or other area professional.

Submit in Person, by Mail, Fax, or Email:
Central Shenandoah Valley Office on Youth
Attn: Youth Corps
413 Port Republic Rd
Waynesboro, VA 22980
Fax: 540-942-6785
Joshua Mutters muttersjd@ci.staunton.va.us