



Summer Summit Application: Summer 2018 Cycle

For OYE Staff
Submitted Date: _____
Received By: _____

Section 1: General Information

General Information			
*First Name		Middle Name	*Last Name
*Date of Birth	Age	*Race/ Ethnicity	*Gender
Country of Birth		Year Moved to United States	Sexual Orientation <input type="checkbox"/> Straight <input type="checkbox"/> LGBTQ <input type="checkbox"/> Other _____
First Language		Second Language	Primary Language at Home
Contact Information			
Home Address		Apartment #	City
			*Zip Code
Cell Phone	Email Address		What is the best way to contact you? <input type="checkbox"/> Text <input type="checkbox"/> Call <input type="checkbox"/> Email
Parent/ Guardian Name		Parent/Guardian Cell Phone	Home Phone
Education Background			
High School Name		College/ Training Program Name	
Current Grade Level	Year of Graduation	Current Year	Year of Graduation
What is the highest level of education you will complete by June, 2018? <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> GED or equivalent <input type="checkbox"/> 1-2 years of college <input type="checkbox"/> 3-4 years of college			
Program Inquiry			
How did you first hear about OYE? <input type="checkbox"/> My Parent/ Guardian <input type="checkbox"/> My Sibling <input type="checkbox"/> Other Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Teacher _____ <input type="checkbox"/> School Counselor _____ <input type="checkbox"/> Classroom presentation at school <input type="checkbox"/> Flyer <input type="checkbox"/> Internship/ Job Fair <input type="checkbox"/> LMB Program <input type="checkbox"/> STEP Program <input type="checkbox"/> Other: _____ How many times have you volunteered? <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+ How many <u>extracurricular activities</u> have you done since middle school? (i.e. school clubs, sports) <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+ How many <u>colleges</u> have you visited? <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+ Have you completed any of these documents? <input type="checkbox"/> Cover Letter <input type="checkbox"/> Résumé <input type="checkbox"/> References Do you have the following financial accounts? <input type="checkbox"/> Yes, checking account <input type="checkbox"/> Yes, saving account *Are you a teen parent or currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Why do you want to participate in the Summer Summit program? When you think about your future, what careers and jobs interest you? Please describe any <u>paid work experience</u> you have done in the past. Please list any <u>other commitments</u> you will join during your involvement in Summer Summit.	



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Section 2: Parent Consent & Media Release Form

Parent/ Guardian: Consent (if applicant is under 18)

I, _____, give my son/daughter, _____ permission to participate in the OYE program. I understand the goal of the program is to assist my teen in gaining career exposure and job readiness skills sets aimed to prepare them for future employment. I further understand that if my teen is accepted to participate in the OYE program and they are unable to abide by The Unity Council's guidelines, they may be dismissed from the program.

Please sign below to indicate your teenager's application and (upon selection) participation to the OYE program.

Parent/ Guardian's Signature _____ Date _____

Parent/ Guardian: The Unity Council Photo Release

Individuals over the age of 18 may sign for themselves; participants under 18 must have this release signed by their parent or guardian. I hereby consent to the use of this photograph or video of my child/dependent/self, and/or any copies of this photograph or video in any editorial and/or promotional material produced and/or published by The Spanish Speaking Unity Council, DBA The Unity Council.

I understand that signing this release does not guarantee publication of the photo.

Parent Signature (if person in photo is under 18): _____ Date: _____

Section 3: Medical Authorization Form

Health Restrictions & Medication

Please list any allergies (food/ medicines) that your teen is allergic to: _____

Please list any medications or other important medical information here: _____

Emergency Medical Services

I give permission to The Unity Council staff to seek emergency medical professionals to administer care including the administration of CPR and or First Aid. I authorize The Unity Council staff to seek the required emergency medical services necessary to maintain my child's health status. In the case of an emergency, please contact:

Contact 1

Full Name: _____

Phone Number: _____

Relationship: _____

Work Number: _____

Contact 2

Full Name: _____

Phone Number: _____

Relationship: _____

Work Number: _____

Parent/ Guardian's Signature _____ Date _____



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If you are 17 and under, a parent/ guardian must sign below.



City of Oakland – Human Services Department
Oakland Fund for Children and Youth



RELEASE OF INFORMATION - EVALUATION AND PHOTO/VIDEO PERMISSION FORM

The Oakland Fund for Children and Youth (OFCY) provides grants to many programs serving youth and their families in Oakland. OFCY programs serve thousands of youth ages 0 to 20, and include everything from afterschool and summer programs to youth leadership and career development programs.

As a parent of a child in an OFCY-funded program, we are notifying you that all programs funded by OFCY are required to participate in an independent evaluation. **Programs funded by OFCY are required to have all clients sign a Release of Information Form stating that the client gives permission for the Grantee to input their information into a database for purposes of evaluating program and fund performance. Every enrolled client (and their parent, guardian, or other legally authorized representative if a minor) must sign a Release of Information Form giving consent to being evaluated by the City and the designated evaluation consultant, including sharing information with and from Oakland Unified School District (if applicable).**

As part of the evaluation, your child may be asked to complete a survey. The survey questions ask what children do in their program, how much they like what they do, and demographic information. The survey will take about 15 minutes to complete. Your child will only have to answer the questions to which they feel comfortable responding.

During your child’s participation in the OFCY-funded program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

RELEASE OF INFORMATION - EVALUATION OF PROGRAMS AND TRACKING OF PROGRESS

I give permission to enter my child’s information in a database and for the OFCY independent evaluators and program staff to review my child’s program data and school data (if applicable), monitor my child’s progress, and for my child to complete evaluation surveys for the purpose of determining program effectiveness.

Your Child’s Name (please print): _____

Your Name (please print): _____

Parent/Guardian Signature: _____ Date _____

PHOTO/VIDEO RELEASE

I authorize OFCY or any third party it has approved to photograph or videotape my child during the OFCY-funded program activities and to edit or use any photographs or recordings at the sole discretion of OFCY. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless OFCY and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

Parent/Guardian Signature: _____ Date _____



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Si tienes 17 años o menos, un padre / guardián debe firmar a continuación.



Departamento de Servicios Humanos de la Ciudad de Oakland
Fondo de Oakland para la Infancia y la Juventud



DIVULGACIÓN DE INFORMACIÓN - FORMULARIO DE AUTORIZACIÓN DE EVALUACIÓN Y FOTOGRAFÍAS/VIDEOS

El Fondo de Oakland para la Infancia y la Juventud (OFCY, Oakland Fund for Children and Youth) ofrece subvenciones para numerosos programas que brindan servicios a jóvenes y a sus familias en Oakland.

Como usted es el padre o la madre de un niño que participa en un programa financiado por OFCY, le notificamos que todos los programas que reciban financiamiento de OFCY deberán participar en una evaluación independiente. Los programas financiados por OFCY deben solicitar a todos sus clientes que firmen un Formulario de Divulgación de Información en el que se indique que el cliente autoriza al Beneficiario a ingresar su información en una base de datos a los fines de evaluar el programa y el rendimiento de los fondos.

Como parte de la evaluación, se le podría solicitar a su hijo/a que complete una encuesta. En la encuesta, se le preguntará a su hijo/a sobre las actividades que realiza en el programa, cuánto le agradan sus tareas e información demográfica. Completar esta encuesta tardará aproximadamente 15 minutos.

Durante la participación de su hijo/a en el programa financiado por OFCY, es posible que él o ella participe en alguna actividad que sea fotografiada o filmada; estas fotografías y videos podrían usarse con fines de promoción.

DIVULGACIÓN DE INFORMACIÓN - EVALUACIÓN DE LOS PROGRAMAS Y SEGUIMIENTO DEL PROGRESO

[X] Doy mi autorización para que se ingrese la información de mi hijo/a en una base de datos, para que los evaluadores independientes de OFCY y el personal del programa revisen los datos de mi hijo/a relacionados con el programa y con la escuela (si corresponde) y monitorear el progreso de mi hijo/a, y para que mi hijo/a complete encuestas de evaluación para determinar la eficacia del programa.

El nombre de su hijo/a (en letra de imprenta):

Su nombre (en letra de imprenta):

Firma del padre/madre/tutor: Fecha

DIVULGACIÓN DE FOTOGRAFÍAS/VIDEOS

[X] Autorizo a OFCY o a cualquier tercero autorizado a fotografiar o filmar a mi hijo durante las actividades del programa financiado por OFCY, y a editar o utilizar las fotografías o filmaciones a discreción exclusiva de OFCY. Entiendo que ni yo ni mi hijo/a tendremos ningún derecho legal o interés que surja de la filmación, incluido ningún interés económico. También acepto absolver de responsabilidad y mantener indemne a OFCY y a cualquier tercero autorizado contra todo reclamo, demanda, daños y responsabilidades que pudieran surgir de la filmación o de su uso.

Firma del padre/madre/tutor: Fecha



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If you are age 18 and over, you can sign below.



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Oakland Fund for Children and Youth



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As a participant in an OFCY-funded program, we are notifying you that all programs funded by OFCY are required to participate in an independent evaluation. Programs funded by OFCY are required to have all clients sign a Release of Information Form stating that the client gives permission for the Grantee to input their information into a database for purposes of evaluating program and fund performance. *Every enrolled client must sign a Release of Information Form giving consent to being evaluated by the City and the designated evaluation consultant, including sharing information with and from Oakland Unified School District (if applicable).*

As part of the evaluation, you will to complete a survey. The survey questions ask what you do in the program, how much you like what you do, and demographic information. The survey will take about 15 minutes to complete. You will only have to answer the questions to which you feel comfortable responding. If you feel discomfort in answering any of the survey questions, you do not need to answer.

During your participation in the OFCY-funded program, you may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

RELEASE OF INFORMATION - EVALUATION OF PROGRAMS AND TRACKING OF PROGRESS

I give permission for the OFCY independent evaluators and program staff to review my school data (if applicable), monitor my progress for the purpose of determining program effectiveness.

Your Name (please print): _____

Your Signature: _____ Date _____

PHOTO/VIDEO RELEASE

I authorize OFCY or any third party it has approved to photograph or videotape me during the OFCY-funded program activities and to edit or use any photographs or recordings at the sole discretion of OFCY. I understand that I shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless OFCY and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

Your Signature: _____ Date _____



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Si tiene 18 años o más, puede firmar a continuación.



Departamento de Servicios Humanos de la Ciudad de Oakland
Fondo de Oakland para la Infancia y la Juventud



DIVULGACIÓN DE INFORMACIÓN - FORMULARIO DE AUTORIZACIÓN DE EVALUACIÓN Y FOTOGRAFÍAS/VIDEOS

El Fondo de Oakland para la Infancia y la Juventud (OFCY, Oakland Fund for Children and Youth) ofrece subvenciones para numerosos programas que brindan servicios a jóvenes y a sus familias en Oakland. Los programas de OFCY asisten a miles de niños y jóvenes de hasta 20 años de edad y a sus padres o cuidadores, e incluyen desde programas de orientación para padres y liderazgo juvenil hasta programas de desarrollo profesional.

Como usted participa en un programa financiado por OFCY, le notificamos que todos los programas que reciban financiamiento de OFCY deberán participar en una evaluación independiente. **Los programas financiados por OFCY deben solicitar a todos sus clientes que firmen un Formulario de Divulgación de Información en el que se indique que el cliente autoriza al Beneficiario a ingresar su información en una base de datos a los fines de evaluar el programa y el rendimiento de los fondos. Cada cliente inscrito debe firmar un Formulario de Divulgación de Información en el que dé su consentimiento para ser evaluado por la Ciudad y el asesor de evaluación designado, así como también para intercambiar la información con el Distrito Escolar Unificado de Oakland (si corresponde).**

Como parte de la evaluación, se le podría solicitar que complete una encuesta. En la encuesta, se le preguntará sobre sus actividades en el programa, cuánto le agradan sus tareas e información demográfica. Completar esta encuesta tardará aproximadamente 15 minutos. Solo deberá responder las preguntas con las que se sienta cómodo. Si no se siente cómodo con alguna de las preguntas de la encuesta, no es necesario que responda.

Durante su participación en el programa financiado por OFCY, podrá participar en alguna actividad que sea fotografiada o filmada; estas fotografías y videos podrían ser utilizados para promoción.

DIVULGACIÓN DE INFORMACIÓN - EVALUACIÓN DE LOS PROGRAMAS Y SEGUIMIENTO DEL PROGRESO

Doy mi autorización para que se ingrese mi información en una base de datos y para que los evaluadores independientes de OFCY y el personal del programa revisen mis datos relacionados con el programa y con la escuela (si corresponde), para monitorear mi progreso y determinar la eficacia del programa.

Su nombre (en letra de imprenta): _____

Su firma: _____ Fecha _____

DIVULGACIÓN DE FOTOGRAFÍAS/VIDEOS

Autorizo a OFCY o a cualquier tercero autorizado a fotografiarme o filmarme durante las actividades del programa financiado por OFCY, y a editar o utilizar las fotografías o filmaciones a discreción exclusiva de OFCY. Entiendo que no tendré ningún derecho legal o interés que surja de la filmación, incluido ningún interés económico. También acepto absolver de responsabilidad y mantener indemne a OFCY y a cualquier tercero autorizado contra todo reclamo, demanda, daños y responsabilidades que pudieran surgir de la filmación o de su uso.

Su firma: _____ Fecha _____