



507 E. Mayfield Blvd.  
 San Antonio, Texas 78214  
 Office: 210-924-0330  
 Hours: 8:30 am – 5:00 pm  
 www.jovensa.org

**MUST BE COMPLETED IN BLUE OR BLACK INK (NO PENCIL)**

## INTERNSHIP APPLICATION-LEADERS OF AMERICA

<b>PERSONAL INFORMATION</b>				<b>DATE:</b>	
LAST NAME		FIRST NAME	MIDDLE INITIAL		SOCIAL SECURITY #
OTHER NAME(S) USED			ID/DL NUMBER		CELL PHONE #
ADDRESS		CITY	STATE	ZIP	ALTERNATE NUMBER #
CITY COUNCIL DISTRICT:			EMAIL ADDRESS:		
REFERRED BY:					

### INTERNSHIP HISTORY

HOW DID YOU LEARN ABOUT THIS PROGRAM?	
HAVE YOU EVER BEEN EMPLOYED BY JOVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST DATE(S), JOB TITLE(S) AND LOCATION
DO YOU HAVE ANY RELATIVES EMPLOYED BY JOVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST DATE(S), JOB TITLE(S) AND LOCATION

### EDUCATION

SCHOOL:		GRADE:	
SCHOOL DISTRICT:			
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO   LIST: _____ <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR			

### EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE #	ALTERNATE NUMBER
1.			
2.			
3.			

### CAREER INTEREST

UPON COMPLETION OF YOUR EDUCATION, WHAT TYPE OF PROFESSION DO YOU DESIRE? (CHECK ALL THAT APPLY)				
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> TRADE	<input type="checkbox"/> HUMAN RESOURCES	<input type="checkbox"/> LAW	<input type="checkbox"/> RETAIL
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> ARCHITECT/ENGINEERING	<input type="checkbox"/> OTHER:	

**SPECIAL SKILLS OR QUALIFICATIONS**

PLEASE LIST ALL SPECIAL SKILLS YOU HAVE FROM INTERNSHIP, VOLUNTEER WORK OR THROUGH OTHER ACTIVITIES, INCLUDING HOBBIES OR SPORTS.

**QUESTIONNAIRE**

WILL YOU BE ABLE TO ATTEND THE UNPAID 3 DAY TRAINING? (JUNE 10 - JUNE 12, 2019)	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU BE AVAILABLE FOR AN INTERVIEW?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE DEPENDABLE TRANSPORTATION TO GET YOU TO AND FROM YOUR WORK SITE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU FORSEE ANY CONFLICTS FOR THE SIX WEEK WORK PROGRAM? (JUNE 17, 2019 - JULY 26, 2019)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO SUMMER SCHOOL? VACATION? SPORTS? CHURCH RETREAT? OTHER: _____?

JOVEN IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. ALL QUALIFIED APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO AGE, RACE, COLOR, SEX RELIGION, NATIONAL ORIGIN, MARITAL STATUS, ANCESTRY, CITIZENSHIP, VETERAN STATUS, SEXUAL ORIENTATION OR PREFERENCE, OR PHYSICAL OR MENTAL DISABILITY.

**CERTIFICATION AND AUTHORIZATION:**

THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT, IN THE EVENT OF MY INTERNSHIP BY JOVEN, I SHALL BE SUBJECT TO DISMISSAL IF ANY INFORMATION THAT I HAVE GIVEN IN THIS APPLICATION IS FALSE OR MISLEADING OR IF I HAVE FAILED TO GIVE ANY INFORMATION HEREIN REQUESTED, REGARDLESS OF THE TIME ELAPSED AFTER DISCOVERY. ON THE CONTRARY, I UNDERSTAND AND AGREE THAT, IF HIRED; MY INTERNSHIP WILL BE TERMINATED "AT WILL" AND MAY BE TERMINATED BY ME OR JOVEN AT ANY TIME AND FOR ANY REASON. I UNDERSTAND THAT NO PERSON HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING. JOVEN BELIEVES THAT ALL EMPLOYEES HAVE A RIGHT TO WORK IN A DRUG-FREE AND ALCOHOL-FREE ENVIRONMENT IN KEEPING WITH THE DRUG-FREE WORKPLACE ACT OF 1998.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE STATEMENTS.

NAME PRINTED: \_\_\_\_\_

YOUTH SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NO APPLICATION WILL BE CONSIDERED UNLESS SIGNED AND ALL QUESTIONS ANSWERED**

INTERN'S NAME: \_\_\_\_\_ JOVEN ID #: \_\_\_\_\_

## LEADERS OF AMERICA CHECK LIST

<b>APPLICATION:</b> I hereby understand that my son/daughter's submission of this application does not guarantee acceptance into the Leaders of America program and therefore consent to allowing my son/daughter to be interviewed by JOVEN staff and/or partnering agencies to ensure appropriate placement for potential internship opportunity.	_____ Parent/Guardian Initials
<b>ELIGIBILITY:</b> I acknowledge that I understand that all required documentation is required for my son/daughter to be eligible for the program and that my son/daughter is required to remain in program for the entire six weeks. Interns that are dropped/terminated and do not complete the entire six weeks program will not be eligible to enroll in future Leaders of America program.	_____ Parent/Guardian Initials
<b>TRANSPORTATION:</b> I hereby consent that I will provide or seek reliable transportation for my son/daughter who is enrolled in the Leaders of America Program to and from all trainings, peer meetings and their internship site throughout the duration of the six week program.	_____ Parent/Guardian Initials
<b>CAREER TRAINING AND DEVELOPMENT CONSENT:</b> I hereby consent that as part of this Leaders of America Program my son/daughter is required to participate in a 3 day unpaid career development training such as, financial literacy, job readiness, college and/or campus tours. Some which may include career skills and training locations off site.	_____ Parent/Guardian Initials
<b>STIPEND:</b> I hereby understand that my son/daughter will be paid \$7.25 an hour for an average 20 hour work week. (no more than six weeks total or 120 hours maximum) I understand that the stipend only includes actual hours worked at my son/daughter's work site and it will not include the career training and development.	_____ Parent/Guardian Initials
<b>W-9 FORM:</b> I understand that the stipend received will <b>not be taxed</b> and therefore my child will complete a W-9 form and that they will receive a 1099 for tax preparation.	_____ Parent/Guardian Initials
<b>CHECKING AND SAVINGS ACCOUNT:</b> I hereby understand that as part of Leaders of America Program, that I am required to assist my son/daughter in opening a required checking and saving account. I understand that my son/daughter will be required to save 10% of his/her stipend and the documentation will need to be provided. I understand that I will be required to submit bank direct deposit forms order for the check to be directly deposited into the accounts. <b>NOTE: Paper checks will not be issued and paycheck will not be processed without a timesheet.</b>	_____ Parent/Guardian Initials
<b>REPORT CARD:</b> I hereby understand that in order for my son/daughter to apply and remain in program, I must submit a current report card and 2018-2019 final report card with promotion/retention or my son/daughter may be dropped/terminated from the program.	_____ Parent/Guardian Initials
<b>WORK REQUIREMENTS:</b> I hereby consent for my son/daughter to work the necessary job hours to make the most success out of this opportunity. Work hours are to be determined by worksites but may begin in early AM and end late PM and also may be subject to the weekend. I understand that the work week will be 20 hours and to not exceed for the duration of the program. If selected I understand that my son/daughter will be required to work the necessary hours prearranged in order to fulfill the job expectations and any changes in work schedule will be coordinated with worksite and approved by JOVEN.	_____ Parent/Guardian Initials
<b>WORK ATTIRE:</b> I hereby consent that my son/daughter will dress appropriately for all work assignments. I understand that my son/daughter will be expected to work professionally, and their attire is important in the work place.	_____ Parent/Guardian Initials

**YOUTH DISCLAIMER:** I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship, I understand that false or misleading information in my application or interview may result in termination.

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

**PARENT/GUARDIAN DISCLAIMER:** I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship, I understand that false or misleading information my result in termination. I understand that I may contact JOVEN for assistance or clarification/explanation of this application that is to be submitted.

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

**JOVEN**  
**Leader of America Program**  
**Liability & Consent Form**

**PLEASE PRINT ALL INFORMATION INK**

YOUTH NAME:		DATE OF BIRTH:		
ADDRESS:		CITY:	STATE:	ZIP:
PHONE NUMBER:		ALTERNATE NUMBER:		
SCHOOL:	GRADE:	SCHOOL DISTRICT:		
BIRTHPLACE CITY:		SOCIAL SECURITY:		
CITY COUNCIL DISTRICT:		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		
RACE/ETHNICITY: <input type="checkbox"/> African American <input type="checkbox"/> Anglo <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____				

**EMERGENCY CONTACTS**

NAME	RELATIONSHIP	PHONE #	ALTERNATE NUMBER
1.			
2.			

**WAIVER OF LIABILITY:** I parent/guardian, give full consent for the above mentioned youth to participate in JOVEN'S Leaders of America Program for the months of June, July, and August. For the duration of this program, I release JOVEN and all other parties to include the assigned work site from any and all liability and/or damage arising from any accident, injury, sickness, or fatality when my son/daughter is participating directly or indirectly in any activities related to the Leaders of America Program. As the parent/guardian I will assume all responsibility.

**PHOTO CONSENT:** I parent/guardian authorize for the duration of the Leaders of America Program for my son/daughter to be photographed and for his/her photo to be used in literature regarding JOVEN.

**TRANSPORTATION AND FIRST AIDE:** I parent/guardian give permission to my son/daughter's assigned worksite and JOVEN to transport my child for work related purposes. I give permission to my son/daughter's worksite and JOVEN to administer first aid, and/or seek medical attention for my child if necessary.

I acknowledge with my signature that I have read the waiver of liability, photo consent, and transportation and first aid consent. I fully understand its content on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

<b>OFFICE USE ONLY:</b>	
ASSIGNED WORK SITE:	
ASSIGEND SUPERVISOR:	

PARTICIPANT'S NAME: \_\_\_\_\_ JOVEN ID #: \_\_\_\_\_

## INCOME WORK SHEET

**HOUSEHOLD:**

YOUTH LIVES WITH: (COURT SUPPORTIVE DOCUMENTS ARE REQUIRED IF NOT A PARENT)					
<input type="checkbox"/> ONE PARENT	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> FOSTER FAMILY	<input type="checkbox"/> OTHER:	
PARENT STATUS:					
<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> STEPFAMILY	<input type="checkbox"/> COHABITING	<input type="checkbox"/> SINGLE

**MOTHER'S EMPLOYMENT:**

EMPLOYER:	
WORK ADDRESS:	WORK NUMBER:

**FATHER'S EMPLOYMENT:**

EMPLOYER:	
WORK ADDRESS:	WORK NUMBER:

NUMBER OF MEMBERS IN HOUSEHOLD: \_\_\_\_\_

**LIST ALL MEMBERS THAT LIVE IN HOUSEHOLD:**

#	NAME	MONTHLY INCOME	DOB	AGE	GENDER	ETHNICITY	RELATIONSHIP TO YOUTH
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

\*ADD ADDITIONAL MEMBERS TO BACK OF SHEET

**FAMILY ANNUAL INCOME RANGE: (PLEASE CHECK CORRECT BOX AND LIST INCOME)**

<input type="checkbox"/> LESS THAN \$5000	<input type="checkbox"/> \$15,000 - \$24,999	<input type="checkbox"/> \$50,000 OR HIGHER
<input type="checkbox"/> \$5000 - \$9,999	<input type="checkbox"/> \$25,000 - \$34,999	<b>LIST ANNUAL INCOME:</b> \$ _____
<input type="checkbox"/> \$10,000 - \$14,999	<input type="checkbox"/> \$35,000 - \$49,999	

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTINUE:

ALL MEMBERS THAT LIVE IN HOUSEHOLD

NAME	MONTHLY INCOME	DOB	AGE	GENDER	ETHNICITY	RELATIONSHIP TO YOUTH



**FERPA Consent to Release Student Information**  
**(Family Educational Rights and Privacy Act of 1974)**

To: \_\_\_\_\_  
(Name of School and Department that will be releasing the educational records) (School District)

Please provide information from the educational records of: \_\_\_\_\_  
(Name of Student)

\_\_\_\_\_ requesting the release of educational records to JOVEN.  
(Student ID-if available)

Parent/Guardian Name (print): \_\_\_\_\_

Check Yes or No and initial statement in space provided.

The only type of information that is to be released under this consent is:

Yes  No \_\_\_\_\_ I give permission for my son/daughter's Final Report Card of 2018-2019  
Academic School Year with promotion/retention to be released to JOVEN.

The information is to be released for the following purpose:

- Admission to program offered by JOVEN Program Name: Leaders of America
- Employment
- Other (specify) \_\_\_\_\_

I understand the information may be released in the form of copies, as preferred by the requester.

I acknowledge that I am the parent or legal guardian of this child and I am able to execute this consent form. My signature on this form means that I have read and understood the information regarding the request of academic record. **All information gathered about your child is confidential and used only for evaluation purposes.** Only authorized JOVEN personnel and funding agency will have access to participant records.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

PO BOX 14007, San Antonio, Texas 78214  
(210) 924-0330



## Short Messaging System (SMS) Club

Sign up for our SMS Text Messaging to be informed about updates to program, due dates, reminders and announcements sent straight to your mobile phone.

Youth Name:	
Cell Phone Number:	
Alternate Number:	

By entering my phone number, I agree to receive recurring automated messages from JOVEN to the phone number I have provided. I understand that no purchase is necessary for SMS. Reply STOP to cancel messages or HELP for information. Standard message and data rates may apply.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**Request for Taxpayer  
Identification Number and Certification**  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
		<b>2</b> Business name/disregarded entity name, if different from above	
		<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
		<input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
		<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
		<input type="checkbox"/> Other (see instructions) ▶	<i>(Applies to accounts maintained outside the U.S.)</i>
		<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
		<b>6</b> City, state, and ZIP code	
		<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				

**OR**

Employer identification number								
				-				

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

