



## Hands On Atlanta Summer Youth Fellows 2009 Internship Application

Since 2003, the Summer Youth Fellows program has been providing high school students with the opportunity to earn money while serving the community. Interns will work part-time for eight weeks at a nonprofit organization where they receive a stipend and transportation assistance; exposure to the professional workplace; and the opportunity to develop a project.

**Eligibility:** Applicants must be:

- at least 14 years of age
- residents of Fulton or DeKalb counties
- a current high school freshman, sophomore, or junior with a minimum cumulative GPA of 2.0 or 70 at the time of application

### **Application Procedures:**

*Think about your skills, interests, and experiences before completing this application.  
Please type or write neatly in blue or black ink.*

1. Submit the application no later than Monday, January 5, 2009. Applications must be mailed or delivered in person (faxes or emails will not be accepted).

**Deliver application to: Keith Daniels, Civic Engagement Manager-Youth Services  
Hands On Atlanta  
600 Means Street, Suite100  
Atlanta, GA 30318**

2. After applications are reviewed, some students will be invited to interview for an internship position. Interview sessions will be held for candidates on February 16, 2009.
3. If you are chosen for an interview, please be prepared to provide two letters of recommendation and a copy of your most recent high school transcript or report card.

### **If you are selected:**

1. You will be notified of your internship placement by mail in late March 2009. You must then contact your intern supervisor to schedule a preview meeting.
2. You must attend a mandatory orientation at which time you will complete additional paperwork, including an application for a work permit (if you are under 18 years of age).
3. You must participate in a National Youth Service Day project on April 25, 2009.
4. You must attend work readiness and financial education training prior to the start of your internship.
5. The internship period runs from June 1-July 24, 2009. Additional leadership development workshops sessions are held during the program.

### **For assistance or questions:**

Call: 404-979-2831 or  
Email: KDaniels@HandsOnAtlanta.org



## 2009 Summer Youth Fellows Youth Application

*This application will not be processed unless all information is completed.*

| Applicant/Student Information   |  |   |
|---|--|---|
| First Name:   | Last Name:   |   |
| Address:  | Apt. #   |   |
| City:   | State:   | Zip Code:   |
| Home Phone:   | Mobile/Pager:  |   |
| Email:  |  |   |
| How often do you check email? (Select One) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Almost Never  |  |   |
| DOB: __/__/__   | Age: __  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race/ ethnicity (select one):   |  |   |
| <input type="checkbox"/> African-American/African Descent   | <input type="checkbox"/> Hispanic/Latino   |   |
| <input type="checkbox"/> Asian/Pacific Islander   | <input type="checkbox"/> Native American/American Indian   |   |
| <input type="checkbox"/> Caucasian  | <input type="checkbox"/> Other _____   |   |
| Name of high school you attend:<br>_____  | Your school is: <input type="checkbox"/> Public <input type="checkbox"/> Private<br><input type="checkbox"/> Home school |   |
| City:   | County:  |   |
| Cumulative Grade Point Average (GPA) on a 4.0 or 100 percent scale: _____   |  |   |
| Current Grade Level: <input type="checkbox"/> 9 <sup>th</sup> grade <input type="checkbox"/> 10 <sup>th</sup> grade <input type="checkbox"/> 11 <sup>th</sup> grade   |  | Graduation year: _____  |
| Approximate Total Family Income: \$ _____<br>per: <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year (check one)  |  | Number of Persons in Household: ____                                  |
| Do you currently qualify for free/reduced school lunch? (Check One)   |  |   |
| <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> No, I am required to pay full price   |  |   |
| Applicant/Student Employment Information  |  |   |
| Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, where do you work?</b>   |  |   |
| Is it a summer job or year-round? _____   |  |   |
| If you only have a summer job, do you plan to look for work or other means of income during the school year (babysitting, lawn care, extra chores, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Explain |  |   |
| If you are not currently working, do you plan to look for work or other means of income (babysitting, lawn care, extra chores, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Explain                     |  |   |
| <b>Do you have any of the following? (Check all that apply)</b>   |  |   |
| <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <span style="margin-left: 100px;">Bank Name</span>   |  |   |

Name:

**Applicant/Student Skills and Interests**

**Computer skills:** I have experience using the following applications: (**Check all that apply**)

Microsoft Word  Microsoft Excel  Publisher  Power Point  Other: \_\_\_\_\_

Do you have experience with Macintosh computers?  Yes  No

If yes, please list applications:

**Office skills:** I have operated the following office tools: (**Check all that apply**)

Copy Machine  Printer  Fax Machine  Voicemail System

**Special Skills:** (i.e. speak foreign language, performing arts, etc.)

**Career Interests:**

**Extracurricular Activities** (i.e., volunteering, football, cheerleading, band, etc.):

**Student/Applicant Data for Internship Program**

How did you hear about the Summer Youth Fellows Internship Program?

School counselor  After school program  Friend

Other (please state):

Have you participated in the Summer Youth Fellows program before?  Yes  No

If yes, at where did you work and what year? (*leave blank if question doesn't apply to you*)

If yes, explain why: (**There is no guarantee that you will be placed with the same agency.**)

Name:

Pick **three (3)** types of programs for internship placement:

- |  |  |
|--|--|
| <input type="checkbox"/> Youth Programs                          | <input type="checkbox"/> Early Childhood             |
| <input type="checkbox"/> Family Support                          | <input type="checkbox"/> Arts and Culture            |
| <input type="checkbox"/> Women's Programs                        | <input type="checkbox"/> Employment/Job Training     |
| <input type="checkbox"/> Violence Prevention/Conflict Resolution | <input type="checkbox"/> Environmental               |
| <input type="checkbox"/> Civil Rights & Social Action            | <input type="checkbox"/> Community Development       |
| <input type="checkbox"/> Recreation, leisure and sports          | <input type="checkbox"/> Health – General and Mental |
| <input type="checkbox"/> Senior Citizen Services                 | <input type="checkbox"/> AIDS Prevention and Support |
| <input type="checkbox"/> IT/Computer Science                     | <input type="checkbox"/> Other, Please describe:     |

I prefer to work (select one):

- 15 hours/week     20 hours/week     30 hours/week

What method of transportation will you most likely use to get to and from work?

- Drive my own car     Public transportation     Ride with a relative or friend     Other \_\_\_\_\_

List **ALL** other commitments that will affect your availability during the summer internship program (i.e. summer school, camps, family vacation, etc.):

### Essays

Write a few sentences that describe your understanding of a non-profit organization:

Have you ever tried saving money for something before? **Yes**  **No**

**If yes**, did you reach your goal and what were some of the challenges you faced? (6-8 sentences)

**If no**, what would you do if you had \$1,000, how would you use it and why? (6-8 sentences)

**Youth/ Parent Consent**

***To the best of my knowledge, the information given in this application is accurate and complete. If chosen for the Internship program, I agree to make a commitment to participate and follow program and training rules and regulations.***

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Signature of Youth Applicant

Date

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Name of Parent/Guardian

Signature

Work #

Date

**Applications are due no later than Monday, January 5, 2009 (no postmarks).  
Only applications received by mail or delivered in person are accepted.**

**To ensure your application is reviewed please:**

- Complete the entire application (pages 1-4)
- Make sure you and your parent/guardian sign the consent section
- Do not staple or bind your application
- Do not attach additional paper or documents

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Hands On Atlanta  
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Atlanta, Georgia 30318

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**Academic / Personal Recommendation Form  
2009 Summer Youth Fellows Program**

**One recommendation must be completed by a school official (i.e. teacher, counselor) and the other by a member of the community (i.e. pastor, mentor).**

Name of Student \_\_\_\_\_

1. How long have you known the applicant?
2. On what do you base your recommendation? (please check all that apply)
  - Personal acquaintance     School Records
  - Reports from instructors     Other (Explain):

3. Please give your personal appraisal of the applicant:

|                      | Outstanding              | Excellent                | Good                     | Average                  |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrity            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A copy of an official transcript or recent report card must be submitted with this recommendation. The school official must complete and verify the section below:

Cumulative grade point average \_\_\_\_/4.0 or 100 percent scale

Attendance Record:

Student was absent \_\_\_ # of days and tardy \_\_\_ # of days

Please explain any special circumstances regarding student's attendance record:

\_\_\_\_\_

\_\_\_\_\_

School Official's Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

School's Name \_\_\_\_\_

Phone # \_\_\_\_\_