



Bergen One-Stop Career Center
60 State Street, Hackensack, NJ 07601 • Tel. (201) 329-9600

April, 2009

Dear Applicant:

Welcome to the Workforce Investment Act (WIA) Youth Program for the year 2009.

If you wish to participate in the Youth Activity this year, you should return your application with all of the necessary signed forms to your school as soon as possible. The Youth Program is a year round activity. **All applicants have to be determined eligible according to Workforce Investment Act (WIA) Laws and guidelines.**

After we receive your paperwork, which is enclosed with this letter, you will be notified of an appointment date and time for an eligibility interview.

On the bottom of the application you will find instructions which describe documents that you need to bring with you when you are scheduled for your appointment.

- **The Classification Form** needs to be filled out completely by a parent/guardian and school representative if applicable to you.
- **The Reading and Math Level Form** needs to be filled out by a school representative.
- **The Consent and Permission Form** needs to be filled out completely by a parent/guardian if you are age 17 or under.

Please have all of these forms filled out and sent back to your school with your application as soon as possible.

Very truly yours,

Salvatore Mastroeni
Director

Enc:
crm

**BERGEN COUNTY ONE STOP CAREER CENTER YOUTH ACTIVITY
CONSENT AND PERMISSION
2009 PROGRAM**

Applicant: _____

Address: _____

Name of Parent or Guardian: _____ Relationship: _____

1. **Assessment** I hereby authorize One Stop Career Center Youth Activity to access school records for reading and math levels and all relevant information which documents the attendance and progress concerning the above applicant. _____

[Signature of Parent or Guardian, if 17 or under]

[Applicant's Signature, if 18 or over]

2. **Emergency Treatment** I hereby authorize and give consent to the One Stop Career Center Youth Activity to render to my son/daughter/ward any emergency medical examination and/or treatment that may be deemed necessary for the promotion and preservation of my child's health.

[Signature of Parent or Guardian, if 17 or under]

[Applicant's Signature, if 18 or over]

3. **Transportation** I hereby authorize and give consent to the One Stop Career Center Youth Activity to provide transportation to my son/daughter/ward for the purpose of enriching his/her experience with the program. (Transportation may be provided to training sites and/or for field trips.)

[Signature of Parent or Guardian, if 17 or under]

[Applicant's Signature, if 18 or over]

4. **Publicity** I hereby (do____, do not____) give consent to the One Stop Career Center Youth Activity to photograph and/or interview my son/daughter/ward at his/her work or training site for television, radio, newspaper, etc.

[Signature of Parent or Guardian, if 17 or under]

[Applicant's Signature, if 18 or over]

(A negative response to item #4 will in no way effect the eligibility of this applicant for the Youth Activity).

**ONE STOP CAREER CENTER YOUTH ACTIVITY
CONFIDENTIAL RELEASE FORM
CLASSIFICATION**

2009

TO BE COMPLETED BY PARENT OR GUARDIAN:

By my signature I give permission to the _____
(Name of Board)

Board of Education to release the disability classification of my child according to NJAC 6:28. I also give permission for the Board to give an estimate of whether or not this disability constitutes a barrier to employment for the purpose of my child being considered for the One Stop Career Center Summer Youth Activity.

_____ If Guardian, attach proof of Guardianship
Signature of Parent or Guardian

TO BE COMPLETED BY SCHOOL REPRESENTATIVE:

To Whom it May Concern:

_____ is classified _____
(Student Name) (Type of Disability))

According to NJAC 6:28, this disability will constitute a barrier to employment.

School Representative Signature

School Name

Date

BERGEN COUNTY ONE STOP CAREER CENTER

**YOUTH ACTIVITY
CONFIDENTIAL READING & MATH LEVELS**

2009 PROGRAM

Please have this form completed by a school representative at the school that you are presently attending.

This form must be completed prior to your appointment for certification.

SCORES MUST BE IN A GRADE LEVEL FORMAT.

(Name of Youth)

Reading Grade Level: _____

Math Grade Level: _____

(School Name)

(Signature of School Representative)