

Please return both completed pages of this application to:

CSO Community Action Agency  
2 East Arch Street, Shamokin, PA  
Questions? Call 570-644-6575 ext 109

Central Pennsylvania YouthBuild  
Rebuilding our communities and our lives

## YouthBuild Interest Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender (circle): M F Number of People in Household (including yourself): \_\_\_\_\_

Current Living Status:	Yes	No
Living with family	_____	_____
Living alone	_____	_____
Living with friends	_____	_____
Living in a halfway house	_____	_____
Living in work/release program	_____	_____
Homeless	_____	_____

Other (please explain) \_\_\_\_\_

Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of dependants: \_\_\_\_\_

Do you have a High School Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check which of the following is closest to your household's yearly income:

\$0 - \$20,000	_____	\$35,001 - \$40,000	_____
\$20,001 - \$25,000	_____	\$40,001 - \$45,000	_____
\$25,001 - \$30,000	_____	\$45,001 - \$50,000	_____
\$30,001 - \$35,000	_____	More than \$50,000	_____

Please check all that apply:

\_\_\_\_ Youth aging out of Foster Care  
\_\_\_\_ Child of incarcerated parent  
\_\_\_\_ Migrant Youth

\_\_\_\_ Youth or Adult Offender  
\_\_\_\_ Documented learning/ physical disability

## Is Central Pennsylvania YouthBuild Right for Me?

1. I want to help fix up my community.  Yes  No  Don't know
2. I want to learn construction skills.  Yes  No  Don't know
3. I want to earn my GED.  Yes  No  Don't know
4. I am willing to participate in a 30-hour per week training program for 6 months.  Yes  No  Don't know
5. I am willing to show up on time every day.  Yes  No  Don't know
6. I can make it through a two-week orientation with 100% attendance but no pay.  Yes  No  Don't know
7. I can make it through two more weeks before I get my first paycheck.  Yes  No  Don't know
8. I can get by on \$290 every two weeks.  Yes  No  Don't know
9. I am interested in obtaining employment at the completion of the program.  Yes  No  Don't know
10. I am interested in attending post-secondary training at the completion of the program.  Yes  No  Don't know
11. I want to become involved in my community and learn how to become a community leader.  Yes  No  Don't know
12. I understand how the Central Pennsylvania YouthBuild program works.  Yes  No  Don't know
13. I have necessary supports to participate in the program (childcare, transportation, etc.)  Yes  No  Don't know
14. I am willing and able to remain drug free during the training program.  Yes  No  Don't know
15. I am willing and able to get along with others and work safely on a team of my peers.  Yes  No  Don't know
16. I want to be part of YouthBuild.  Yes  No  Don't know

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your interest in YouthBuild!

**Please return both pages of this application to the CSO Community Action Agency at 2 East Arch,  
Shamokin, PA.**

Potential trainees will be contacted in the next several weeks to participate in an interview.