

CLASS PARKS

YOUTH EMPLOYMENT INTERNSHIP PROGRAM

Please print neatly in completing this application.

Name & Location of YEIP Class you are signing up for _____

Applicant's Name: _____
(First Name) (Last Name)

Today's Date: _____ Date of Birth: Month _____ Day _____ Year _____

Applicant's Phone # (____) _____ Applicant's Email Address _____

Parent/Guardian: _____
(First Name) (Last Name)

Home Phone #: (____) _____ Work Phone #: (____) _____

Parent/Guardian: _____
(First Name) (Last Name)

Home Phone #: (____) _____ Work Phone #: (____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

School Attending: _____ Grade: _____

Instructions: Make the appropriate selections for the following:

RACE – Select one of the following 10 categories

1. <input type="checkbox"/> American Indian or Alaska Native	6. <input type="checkbox"/> American Indian or Alaskan Native AND White
2. <input type="checkbox"/> Asian	7. <input type="checkbox"/> Asian AND White
3. <input type="checkbox"/> Black or African-American	8. <input type="checkbox"/> Black/African-American AND White
4. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	9. <input type="checkbox"/> American Indian/Alaskan Native AND Black/African-American
5. <input type="checkbox"/> White	10. <input type="checkbox"/> Balance / Other

ETHNICITY – Select one

<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Not Hispanic/Latino

GENDER – Select one

<input type="checkbox"/> Male	<input type="checkbox"/> Non-Binary
<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to disclose

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THE EMAIL ADDRESS PROVIDED NEEDS TO HAVE ACCESS TO A COMPUTER, MICROPHONE & A CAMERA SINCE THE PROGRAM WILL BE TAUGHT THROUGH ZOOM.

I hereby state that the information contained within this application is truthful and accurate, and is to be considered an integral part of any agreement I may enter into for the YEIP, Camp Counseling or Outdoor Education Class.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**PLEASE EMAIL APPLICATION & INTERN & PARENT AGREEMENT TO:
CLASS.PARKS@LACITY.ORG**

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INTERN AND PARENT AGREEMENT

The signing of this agreement by internship applicant and his/her parent or guardian binds them, upon selection, to the following:

1. I agree to complete the Youth Employment Internship Program to the best of my abilities.
2. I understand and agree that I will attend all hours of training during the sessions for which I am selected. I understand that I cannot miss any days of class. If I miss any class or portion of a class, there will be makeup work assigned. If I do not attend all classes or complete makeup work, I will be terminated from the program and will not receive credit for the program, nor the \$250 stipend check.
3. Parent/Guardian agrees to do their best to help their child meet the responsibilities of the Program.
4. The City of Los Angeles, Department of Recreation and Parks, Youth Employment Internship Program will provide a shirt which is required to be worn appropriately at all times on all training dates and will become the property of the applicant upon successful completion of the entire program.
5. I agree to notify the YEIP Administration if my address and/or telephone number changes, either while in the Program or after completion, and fill out any related paperwork.
6. I understand that following the completion of the program, if all paperwork including a W-9 Form and a copy of my Social Security Card is turned in, I will be eligible to receive a stipend check. Due to long processing times, the stipend checks could take up to 3 months to be issued, granted that all YEIP paperwork and hours are completed by the intern. The intern will be notified of when the stipend check is available for pick-up. The stipend check must be picked-up and signed for by the intern in person;
7. I understand there will be a clear and concise set of rules for the Program and they will be explained on the first day of training. I also understand that breaking these rules may be grounds for dismissal from the program, and forfeiture of all benefits afforded through participation in the Program.

As parent or guardian of a participant 18 years of age or under, I have read and voluntarily agree that (Print Name of Child) _____ may participate in the CLASS Parks YEIP Camp Counseling, & Outdoor Education Class.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____