



## APPLICATION PACKET

At IYI we have comprehensive offerings:

- YouthBuild
- Workforce Innovation and Opportunity Act
- Evening Program
- Mentoring
- Case Management
- Job Development
- Hands-On Job Training
- High School Equivalency Classes
- Community Service Learning Opportunities
- Leadership Development

Thank you for applying to Isles Youth Institute. We look forward to meeting you and appreciate your decision to complete your education. All of us at IYI are here to help you experience success in reaching this goal.

**Tell us about your personal interests and goals:**

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**To complete the admission process these actions are necessary:**

- A. Personal Documents: Collect and bring the following documents directly to Isles' Youth Institute at 33 Tucker Street: they will be copied and returned to you.
- Birth Certificate
  - Social Security Card
  - State ID
  - Medical Insurance Card
  - Proof of Income (such as 2 recent pay stubs, W-2 forms, social services award)
  - Proof of Address (such as a utility bill, lease, mail with name and address)
  - High School Transcript (if applicable)
- B. Isles' Youth Institute Release Forms: Please sign and date them.
- Parent/Guardian Consent Form (if under 18)
  - Emergency Medical Form
  - Criminal History Release Form
  - Photo Release Form
  - Data Release Form
  - Equal Opportunity Form
- C. IMPORTANT: CASAS Placement Test: After applying to IYI, you will be scheduled for your testing date.
- D. Interview: Applicants are invited for an admission interview after taking the CASAS test and submitting all documents. At the interview, you will learn about our program relative to your needs, and we will have the opportunity to speak with you about your goals, interests, and personal strengths. Admission interviews should be treated just as you would treat a job interview: thus, dressing appropriately is beneficial, as well as being prepared to discuss your personal goals and why you think that you would be a good match for IYI. After you are accepted, you will complete your intake with one of our Case Managers who will remain with you throughout your time at IYI to assist and guide you and to ensure you make stride towards your goals.



## APPLICATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Who referred you to IYI? \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Education History:

Last School Attended \_\_\_\_\_ Last date attended \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Have you dropped out of school? \_\_\_\_\_

Employment Information:

Are you authorized to work in the US? \_\_\_\_\_ Are you a US citizen? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

Employer (*if not currently employed, then most recent employer. Leave blank if never employed*) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address and Phone of Employer Listed Above

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other

Do you have a current driver's license? \_\_\_\_\_

Are you registered to vote? \_\_\_\_\_

\*Are you registered for Selective Service? \_\_\_\_\_

*\*only required for males age 18 and up. Find out more at [sss.gov](http://sss.gov).*



**PARENT/STUDENT PARTICIPATION CONSENT FORM**

Applicant Name: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

Isles Youth Institute provides a tough, but caring, peer-based setting for 16-24 year-old students seeking an academic education, employment skills training in construction, career counseling, and job placement offerings. The goal for our students is to gain an academic and social education, gain employability skills, graduate, go to college or trade school, and sustain employment.

The parent/guardian signature (if applicant is less than 18 years of age) verifies that you give your son, daughter, or ward permission to attend and participate fully in the Isles Youth Institute Program, as well as adhere to all required policies as outlined in the Student Handbook.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The applicant signature verifies that you will participate fully in the academic, employment, and social opportunities at IYI and adhere to the related requirements and policies of the program while a student at IYI as outlined in the Student Handbook.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**EMERGENCY MEDICAL AUTHORIZATION**

**APPLICANT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

In the event of illness or injury to the applicant, which in the judgement of Isles Youth Institute staff requires emergency treatment, 911 will be called and an ambulance dispatched. Should the applicant be transported to a hospital, the emergency contact person will be notified immediately and will be required to meet the ambulance at the hospital.

**The following information is necessary in case of an emergency: check the appropriate box**

- Applicant is not covered by medical insurance.
- Applicant is covered by medical insurance; if yes, please complete the following information.

Primary Medical Insurance Provider: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Preferred Hospital Emergency Room: \_\_\_\_\_

**APPLICANT ALLERGIES:** \_\_\_\_\_

**APPLICANT MEDICAL CONDITIONS/SPECIFIC NEEDS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby release Isles Youth Institute from any medical claims arising out of the actions of emergency medical personnel, as well as the actions of any doctor, clinic, or hospital. In addition, I understand that it is my responsibility to keep Isles Youth Institute informed of any personal telephone or communication changes that relate to my son, daughter, or ward.

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Applicant Signature:** (18 or over) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_



**EMERGENCY CONTACTS**

**\*Emergency Contacts Must be 21 Years of Age or Older**

APPLICANT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*NOTE: Isles Youth Institute staff will not administer any prescription or non-prescription drugs for any reason. Please notify the staff immediately if your son, daughter, or ward is ill with any communicable disease or allergies.

Emergency Contacts (Must be 21 years of age or older) Please give the name, address and telephone number of two people who may be contacted in case of an emergency or illness when parents/guardians are not available. These people should live in the vicinity of the program during the hours the program is in operation.

CONTACT NAME: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



**AUTHORIZATION TO RELEASE CRIMINAL HISTORY**

**APPLICANT NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please Print

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

Permission to release the below listed information to Isles Youth Institute by appropriate legal representatives, such as parole/probation officers

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**SIGNATURE: PARENT/GUARDIAN (less than 18)** \_\_\_\_\_

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

**SIGNATURE: STUDENT (18 or older)** \_\_\_\_\_

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

**Please check the appropriate boxes:**

- Parole
- Probation
- Other (specify) \_\_\_\_\_
- Parole/ Probation Officer \_\_\_\_\_ Phone \_\_\_\_\_

To: Isles Youth Institute  
 33 Tucker Street  
 Trenton, NJ 08618  
 Phone: 609.341.4752  
 Fax: 609.341.3614    Attention: \_\_\_\_\_





**PHOTO/VIDEO RELEASE**

I, \_\_\_\_\_, consent to the unrestricted use by Isles, Inc. –and those acting with its permission and authority, including Isles Youth Institute, of any and all photographs taken, in whole or part, without limitations. For all purposes in any form or medium, including, but not limited to use through or on any electronic media, including the internet.

In addition, I waive any right to inspect or approve the finished product, advertising copy, or printed matter that may be used with the finished photograph(s) or video(s).

Further, I relinquish all rights, titles, and interests that I may have in the finished photograph(s), negative(s), video(s), Internet use, and reproduction to any responsible business firm or publication. It is understood that Isles, Inc. retains copyright of images at all times under the express understanding and agreement that Isles, Inc. shall have exclusive reproduction rights to the images. Video footage will only be used for Isles Youth Institute for educational purposes and for public marketing purposes. In some cases, photo and video footage may be released to the public.

I hereby release Isles, Inc. from any and all claims in connection with photographs or video footage, including any and all claims of libel.

- I am 18 years old/older. I have read the above information and fully understand its content.
- I am the parent/guardian of the applicant (less than 18 years of age). I have read the above information and fully understand its content. I hereby grant permission for my child’s/ward’s photograph(s) to be used in the manner specified above.

**PARENT/GUARDIAN NAME (applicant is less than 18 years of age):** \_\_\_\_\_  
Please Print Clearly

**Address/City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PARENT/GUARDIAN (applicant less than 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT (18 years old/older):** \_\_\_\_\_ **Date:** \_\_\_\_\_



**DATA RELEASE STATEMENT**

**APPLICANT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please Print

Permission is hereby given to Isles Youth Institute to enter personal information gathered from the application packet into the various data collection required databases. It is understood that Isles Youth Institute and various funding sources will not use this information for any purposes other than that are listed below, which my signature below verifies.

- Research that gives Isles Youth Institute permission to summarize information about Isles Youth Institute student achievement and outcomes. Permission is also granted for Isles Youth Institute to contact me, and others whom I identify, in order to keep in touch with me as an IYI alumnus. This information would be summarized along with that of other IYI Alumni. It is understood that (a) summarized site-specific data in the databases may not be released by Isles Youth Institute without the consent of the program director and (b) student-specific data in the databases may not be released without consent of the alumnus or the parent/guardian (under 18 years of age). Isles Youth Institute will obtain consent from the prior student or parent/guardian (if under 18 years of age) before disclosing any information beyond that stated above, except in the case of disclosure that is required by law. Isles Youth Institute will make reasonable attempts to inform you about any such disclosure when required by law.
- Receiving the Isles Youth Institute Bulletin after leaving IYI.
- Receiving information about the Isles Youth Institute Alumni Association, including educational and job opportunities that may be available to graduates, public policy positions that the Alumni Association may have taken, and conferences to which alumni may be invited.

**SIGNATURE: APPLICANT** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

**SIGNATURE: IYI CASE MANAGER** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## Equal Opportunity Is the Law

It is against the law for this recipient of Federal Financial assistance to discriminate on the following bases:

- ❖ Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation of belief; and
- ❖ Against any beneficiary of programs financially assisted under Title 1 of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary’s citizenship/ status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title 1- financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- ❖ Deciding who will be admitted, or have access, to any WIA Title 1-financially assisted program or activity;
- ❖ Providing opportunities in, or treating any person with regard to, such a program or activity; or
- ❖ Making employment decisions in the administration of, or in connection with, such a program or activity.

### What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title 1-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

*Loren McAlister, Manager, Human Resources & Administration*  
 10 Wood Street, Trenton, NJ 08618  
 609-341-4711

or

Director Civil Rights Center  
 U.S. Department of Labor  
 Room N-4123  
 200 Constitution Avenue, NW  
 Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your complaint within 30 days of the date on which you received the Notice of Final Action.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



Travel and Field Trip Permission

By signing this form, I, \_\_\_\_\_, certify that I request and give my permission for \_\_\_\_\_ to travel and be transported locally and regionally via van/automobile, bus, train, boat, and/or airplane for any and all Isles sanctioned field trips, both during and outside of the regular school day. I release Isles Youth Institute from responsibility for illness or injury incurred; recognizing that proper staffing along with due care and concern will be exercised.

In the event of illness, accident, or emergency, I give Isles or the staff member(s) in charge authority to authorize medical treatment for my son/daughter if none of the below can be contacted.

Name of Parent/Guardian (Print) \_\_\_\_\_ Phone: \_\_\_\_\_

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

*If Applicant is 18 or older:*

Name of Applicant (Print) \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_