**Youth Participant Registration**

**To begin, please verify the following requirements.**

**Are you a resident of Newport News?**

**Yes**

**No**

**Personal Information**

**First name **

**Middle name **

**Last name **

**Suffix **

**Date of birth **

**Gender**

**Male**

**Female**

**Contact Information**

**Street address **

**Apartment /Unit (optional) **

**City **

**State **

**Zip code **

**Primary phone number **

**Alternate phone number (Optional) **

**Education**

**What is the highest level of education you have completed? **

**Are you currently enrolled in college/university? If so enter the name.**

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**College major (optional) **

**Would you like to receive information for a GED program?**

**Yes No**

**Employment**

**If yes, please select all the years you participated.**

**2014 2015**

**2016 2017**

**If you have previously participated in STEP, why do you want to participate again?**

****

**Do you have any prior work experience?**

**Yes No**

**Prior job names or positions held**

****

**Prior job duties **

**Do you have a resume?**

**Yes No**

**Below is a sample of positions available. Please select at least three that interest you.**

**Office; paperwork, organizing, answering phones**

**Hospitality and tourism; welcoming and guiding visitors**

**General cleaning and maintenance (inside)**

**Working with children (requires background check)**

**School cleanup; setup for next school year**

**Artistic Design &Creation**

**Medical**

**Funeral Service**

**Restaurant /Food Service**

**Culinary Program (must be at least 18 years of age)**

**Landscape/ Lawn Care**

**Manufacturing**

**Animal Care/Engagement**

**Other**

**Any of the above**

**Additional Information**

**What is your t-shirt size? **

**Have you ever been convicted of a crime or have any pending charges? Please note if selecting yes, you will not automatically be disqualified for the program.**

**Yes No**

**How do you plan to attend mandatory program events and the daily work site?**

**Do you have a personal bank account in your name?**

**Yes No**

**Banking institution name (optional) **

**How did you hear about STEP?**

**School**

**Friend**

**News**

**Social Services**

**Facebook**

**City of Newport News**

**Other (please enter in the box below)**

****

**Do you have any concerns being involved in STEP?**

****

**Why do you want to participate in this program?**

****

**Describe your future career, education, or other personal goals.**

****

**Describe the biggest challenge you may face trying to achieve your goals.**

****

**What are your plans after summer?**

****

**Certification**

**Applicants under 18 will need approval from a parent /guardian in order to participate in STEP. The parent/ guardian will also be required to attend a mandatory program registration session. If I am under 18, my parent/ guardian granted me permission to participate in this program?**

**Yes**

**Not Applicable**

**Parent Name **

**Parent Phone Number **

***By submitting this form, I certify that all information and statements I have provided in this registration are current, correct, and complete to the best of my knowledge.***