#### 2021 PAL Works! Application

PAL Works! is a career development program that provides 60 hours of work exposure and job coaching with 20 hours of soft skills training. The goal is to provide students with an introduction to the world of work, giving them an opportunity to gain skills for their future resume and start considering career paths.

Selected students who complete their hours may receive a scholarship of \$1,200.00 Students who do not complete all their hours, no matter the reason, will be ineligible for any scholarships. Therefore, we strongly encourage students and their families to confirm that their schedules will allow them to complete the program before applying. All 80 hours must be completed within 6 months or by May 15, 2021. Selected students will create a weekly participation schedule that includes a weekly meeting on Mondays from 4pm-5:30pm. We are sorry, but once set we will be unable to make changes. Students unable to participate at the point will be removed from the program.

# Please print and provide all information below.

#### **Student Information**

Name	Address (Street, City)
School	Grade
Phone Number	Social Media Handle
Cell Number	Age
G.P.A.	Is your PAL membership up to date? Yes No

### **Parent / Guardian Information**

Name	Cell Number
Emergency Contact	Emergency Contact Phone

## Head of household (check one only): [ ] Male or [ ] Female

Ethnicity (check only one): [ ] Hispanic [ ] Non-Hispanic

Total Household Size and Total Annual Household Income— <u>Circle</u> your household size from the first row and then <u>circle</u> your total gross household income level. For foster child use a separate intake foreach non-blood related child.								
FY 2020 Income Limit Category	1 Person Household	2 Person Household	3 Person Household	4 Person Household	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30%	Up to	Up to 22,200	Up to					
E	19,450		25,000	27,750	30,000	32,000	34,450	36,650
50% VL	Not Over 32,400	Not Over 37,000	Not Over 41,650	Not Over 46,250	Not Over 49,950	Not Over 53,650	Not Over 57,350	Not Over 61,050
60%	Not Over 51,800	Not Over						
L		59,200	66,600	73,950	79,900	85,800	91,700	97,650
80%+	Not Over 52,000	Not over						
M+		60,000	67,000	74,000	80,000	86,000	92,000	98,000

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Race: (check only one):	
[]American Indian or Alaskan Native	[] Asian
[]Black or African American	[] Native Hawaiian or Pacific Islander
[]White	[] American Indian/Alaska Native & White
[]Asian & White	[] Black/African American & White
[]American Indian/Alaska Native & Black/African Ar	merican [ ]Other (specify):

	All trainings maybe held via Zoom. Will applicant have access to the things necessary to allow them to participate? (Device, quite space, etc.)  Yes  No  Not Sure						
	\$1200.00 for 60 hours of approved / supervised internship hours, plus an additional 20 hours of scheduled training / job shadowing. All hours must be completed no late then December 31, 2020.  Partial payment is prohibited. Initials						
	$\square$ Only interns who successfully complete the entire program and submit a final invoice will receive stipends.						
	On a separate piece of paper, please answer the following questions. Please note partial or incomplete answers will not be accepted.						
	<ol> <li>What do you want to learn</li> <li>What possible careers are y</li> <li>Tell us how you will prepar</li> <li>Interns who miss hours wit things you will do to make</li> </ol>	you considering? Te to complete the 80 Thout prior approval,	0 hours of prog , will be droppe	•			
l,	I,declare that I am the participant and/or parent or legal guardian of  (Parent/Guardian)(herein after referred to as "Participant(s)").  (Member)						
I, the undersigned, do hereby agree to participate and/or allow Participant(s) to participate in the activities, classes and programs listed above. I am aware that participation in the above listed activity involves an element of risk and danger of accidents. I am participating and/or allowing Participant(s) to participate in this activity with knowledge of danger involved. I accept and assume all risks of injury, death, or property damage. Please initial							
I agree to release, waive, discharge and covenant not to sue Fairfield PAL, the City of Fairfield, City of Fairfield Redevelopment Agency, its officers, agents, volunteers or employees, from all actions, claims, demands or liability for any bodily injury, death or property damage arising out of or in any way connected with my and/or Participant(s)' participation in this activity including transportation services.  I also grant full permission to Fairfield PAL and the City of Fairfield, to use my and/or Participant(s)' name or photograph, videograph, motion picture or recording for any publicity or promotion purposes without obligation or liability.							
I, the undersigned, hereby authorize employees of the Fairfield-Suisun Unified School District and/or Travis Unified School District to release contact information, attendance, discipline and/or academic records concerning the above-named student to agents or employees of the Fairfield Police Activities League (PAL). A photocopy or facsimile of this authorization has the same effect as the original.							
P	arent /Guardian Name	Parent / Guardia	n Signature	Date			
Si	udent Name	Student Signature	e	Date			