

Personal Information

1. Social Security Number (Please be accurate)

2. Last Name

3. First Name

4. MI

5. Birth Date (MM/DD/YYYY)

6. Gender (Check one)

FemaleMale

7. Citizenship Status

U.S. CitizenPermanent ResidentOther

8. Selective Service Registration # & Date- Males 18 years of age must be registered with the Selective Service System to participate in the program (if you have not already registered; visit www.sss.gov)

9. How did you hear about us?

10. Street Address

11. Apartment

12. Zip Code

13. Do you live in a NYCHA Housing Development?

No (If No; Go to question 14)Yes

If Yes, Name the Development:

14. Borough

15. Applicant's Ethnicity (Select one)

16. Applicant's Race (Select one)

17. Other than English, what Language are you most comfortable speaking?

18. Applicant's Home Phone #

19. Applicant's Cell Phone #

Please select "Yes" if you would like to receive text updates

YesNo

20. Applicant's Email

21 Name of Parent or Legal Guardian (Last Name)

22. First Name

23. Emergency Contact Phone #

Educational Status

24. Educational-Student Type

25. Current educational status

26. Please indicate the school system you attend:

What school did/do you attend?

Indicate last grade completed

Income & Other Information

27. Total family income (gross) for the last SIX months

28 (A). Number of family members currently living in applicant's household

28 (B). Applicant's Household Type

29. Is applicant or applicant's family currently receiving public assistance?

YesNo (Skip to #31)

30. Type of Public Assistance (Check all that apply)

Family AssistanceSafety Net/Home ReliefS.S.I. Supplemental Nutrition Assistance Program (SNAP)Other

31. Is the applicant any of the following (Check all that apply)

DisabledOffender/Justice InvolvedFoster CareDoes Not ApplyACS Preventative ServicesServed in the MilitaryHomeless /RunawayParent

Educational and Career Detail

32. School Major

32. Grade Point Average

34. Where is your school located? (Check One)

In NYCOutside of NYC

CityState

35. Start and end dates of your summer break?

From (MM/DD/YYYY)To (MM/DD/YYYY)

36. Prior work experience?

YesNo

37. What is the applicant's long-term career goal? List three (3) options:

Banking Information

38. Do you have a bank account?

YesNo

39. Interested in opening a bank account?

YesNo

40. Interested in direct deposit?

YesNo

41. Are you covered by Medicaid, Child Health Plus, Family Health Plus or private medical insurance?

YesNo

42. Would you like to receive information about insurance program?

YesNo

Certification of Accuracy: I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I further understand that any false statements may subject me to criminal prosecution under both New York State Penal Laws, section 175.35 and Federal Law, 18 U.S.C.A. 1001, and to civil action for return of all monies received. I agree and accept that I will abide by all applicable rules and regulations of this program.

Applicant Signature

Date: (MM/DD/YYYY)

Parent/Guardian Signature

Date: (MM/DD/YYYY)

Health Questionnaire

THIS SECTION MUST BE COMPLETED AND SIGNED BY PARTICIPANT (AND PARENT/GUARDIAN IF YOUTH IS UNDER 18).

1. Do you have any allergies, e.g. asthma, hay fever, penicillin, dust, etc.? If yes, please list your allergies?

2. Are you presently taking any medication that you would like us to know about in case of emergency? If yes, please list your medications.

3. Do you have any illness, injury or on-going medical condition which would prevent you from performing specific tasks at the Worksite? If yes, please explain.

Consent for Emergency Medical Treatment – For youth under 18

I, _____, the parent/guardian of _____ do hereby give authorization to the staff of the AGVEP Provider or the Worksite supervisor to obtain emergency medical treatment for my child if s/he is injured or requires medical attention in my absence with the understanding that the family will be notified as soon as possible.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Consent for Emergency Medical Treatment – For youth 18+

I, _____, do hereby give authorization to the staff of the AGVEP Provider or the Worksite supervisor to obtain emergency medical treatment for me if I am injured or require medical attention with the understanding that my emergency contact will be notified as soon as possible.

Participant Signature _____ Date _____

Acknowledgements & Waivers

Maximum Hours & Orientation Acknowledgment

Youth enrolled in subsidized jobs may participate in the Anti-Gun Violence Employment Program activities for the maximum program hours weekly. The maximum hours will change depending on the cohort and will be communicated by AGVEP Provider. Additionally, youth must complete an orientation prior to beginning employment/stipend-based activities. The orientation will be delivered by the AGVEP Provider.

By initialing this section, the participant (and the parent if Participant is under 18) fully understand that participation in AGVEP activities, and payment for those activities, is limited to the applicable maximum number of hours per week and participant must complete all orientation hours, as required both in-person and on the digital platform, prior to engaging in employment/ stipend-based activities.

Participant Initials _____ Parent/Guardian Initials (if Participant is under 18) _____

Participant Pay Card Acknowledgment

I acknowledge that I have a choice of payment methods for my payroll. I may choose to be paid by debit card issued by the current pay card vendor or direct deposit into an existing bank account. I understand that I may make my selection in accordance with the enrollment procedures set forth for the Anti-Gun Violence Employment Program. If I do not complete a selection of payment method by the due date disclosed within the enrollment procedures, I understand that I shall be paid by debit card and agree to be so paid.

By initialing this section, the participant (and the parent if Participant is under 18) agree they acknowledge the terms stated above as it pertains to their payment options.

Participant Initials _____ Parent/Guardian Initials (if Participant is under 18) _____

Photo/Video Release Waiver

I hereby authorize and permit the City of New York Mayor's Office of Criminal Justice/ Office to Prevent Violence "MOCJ/OPGV" or its authorized agent, without compensation therefore, permission to photograph, publish, reproduce, record and use, with or without my name or the name of the person for whom I am the parent/guardian. This includes, but is not limited to, photographs, quotes and/or text, motion pictures, videotapes, Web site pages and personal stories or audio tapes of and/or by me or the person for whom I am the parent/guardian.

I release MOCJ/OPGV from any and all legal liability that may arise from the release of information requested. I agree that all text, Web information /hypertext, photographs, motion pictures, negatives, prints and transparencies, videotapes and audio tapes made of and/ or by me or by me or the person for whom I am the parent/guardian by or for MOCJ/OPGV, shall be the exclusive property of MOCJ/OPGV, which in its sole discretion may use this material as it sees fit in any medium or forum.

By initialing this section, the participant (and the parent if Participant is under 18) agree to the Photo/Video terms stated above. If you do not agree to these terms, please mark N/A below.

Participant Initials _____ Parent/Guardian Initials (if Participant is under 18) _____

Thank you for your participation!

Good Luck in the Anti-Gun Violence Employment Program (AGVEP)!

The Mayor's Office to Prevent Gun Violence

AGVEP Application- Supplemental Document

Only needed if completing application on paper

Share with participants completing a printed/ paper copy of the AGVEP application. These questions represent only those with drop downs on the PDF version- the options provided are reflected in the YEPS system.

Participants must select an answer from the corresponding question and write it in on the paper application.

Question Number	Question	Drop Down Options (select one and write on your paper application)			
15	Applicants Ethnicity	Hispanic Latino		Non – Hispanic / Latino	
16	Applicants Race	Black / Afr. American Am. Indian / Alaskan Native Native Hawaiian / Other Pacific Islander		Asian White or Caucasian Other	
17	Language most comfortable speaking	Albanian Arabic Bengali Chinese (incl. Cantonese & Mandarin) French Fulani German Greek Gujarati	Haitian Creole Hebrew Hindi Hungarian Italian Japanese Korean Kru, Ibo or Yoruba Mande Punjabi Persian	Polish Portuguese Romanian Russian Spanish Tagalog Turkish Urdu Vietnamese Yiddish Other (Describe)	
24	Educational Student Type	Currently Attending School Not in School			
25	Current Educational Status	JHS: 6 th grade; 7 th grade; 8 th grade H.S.: 9 th grade, 10 th grade; 11 th grade; 12 th grade College: Freshman; Sophomore; Junior; Senior Post secondary diploma/ college grad			
26	School System	DOE	CUNY	SUNY	Other
26	Last grade Completed	Grade 0 – 8 Grade 9-11 High School Graduate/ HSE		12+ Some Post-Secondary 2 or 4 year College Graduate	
37	Career Goals	Advertising Architecture & Engineering Arts & Entertainment Business & Financial Service Education Fashion Design Graphic Design Healthcare/ Medical Hospitality Management Information Technology Law Enforcement		Legal Services Management Marketing & Sales Communications & Broadcasting Psychology & Counseling Public Service Science & Math Sports Transportation Other	

If you are selected from the lottery or recruited for a summer opportunity, you will need to bring certain documents to your AGVEP provider. You must submit **COPIES** of one (1) item from categories 1-9 listed below as it applies to you. These items are needed to officially complete your enrollment so that you are eligible for AGVEP. Note that some documents may satisfy more than one category (e.g. U.S. Birth Certificate or current U.S. Passport for categories 2 and 7).

Reminder: **ONLY COPIES OF THESE DOCUMENTS WILL BE ACCEPTED**

1. Proof of Identity

- ☐ Official Picture ID (school, city, state, government issued)
IDNYC Municipal ID will be accepted

2. Proof of Age

- ☐ Birth Certificate **OR**
- ☐ Benefit Card **OR**
- ☐ NYS Driver/Non-Driver’s License **OR**
- ☐ Alien Registration Card **OR**
- ☐ Valid U.S. Passport

3. Proof of Social Security Number

- ☐ Social Security Card (**ONLY**)

4. Proof of Address *(Dated within the last 6 months)*

- ☐ Home Utility Bill **OR**
- ☐ Current Lease, Mortgage, Deed **OR**
- ☐ Current Cable Bill (Must have Phone Service Listed) **OR**
- ☐ Official Mail from a Federal, State or City Agency

5.AGVEP Application

- ☐ A signed AGVEP application is required for all youth. Youth under the age of 18 are required to have the signature of a parent or guardian.

6. Proof of Employment Authorization

- ☐ Report Card *(dated within the last 6 mos)* **OR**
- ☐ Official School Transcript **OR**
- ☐ NYS Driver/Non-Driver’s License **OR**
- ☐ Voter’s Registration Card **OR**
- ☐ U.S. Military Card /Draft Record **OR**

***Please note:** all references to the word current mean documents dated within the last six (6) months or where applicable, documents which are still valid and have not expired. The status of your application can be found at www.nyc.gov/dycd.*

7. Proof of Citizenship/Alien Status

- ☐ Valid U.S. Passport **OR**
- ☐ U.S. Birth Certificate **OR**
- ☐ Alien Registration Card **OR**
- ☐ I-94 , I-551, I-797 **OR**
- ☐ Certificate of Naturalization **OR**
- ☐ Employment Registration Card

8. Proof of Family Income
(Dated within the last 6 months)

If Supported by Public Assistance

- ☐ Current EBT Card (with parent/guardian name) **AND** a recent store receipt **OR**
- ☐ Current Benefit Budget/SNAP Letter **OR**
- ☐ Official letter from Social Services (Must include applicant’s name, Benefit # and date)

OR

If Not Supported by Public Assistance

- ☐ Two (2) consecutive pay stubs dated within the last six months *(Must include payee name, and gross income)* **OR**
- ☐ **2019** W-2 form and one (1) pay stub dated within the last six months **OR**
- ☐ Current Pension Award letter **OR**
- ☐ Current SSA Award letter **OR**
- ☐ Unemployment Benefit Document dated within the last six months **OR**
- ☐ If self-employed, **2019** Tax Return including Schedule “C” or “E” (if receiving rental income)

10. Please provide ONLY if applicable

- ☐ **Selective Service** Registration Card **OR** Selective Service “Online Receipt”
Required for males 18 years of age or older
- ☐ Proof of **Disability**: Official documentation as applicable certifying disability from a physician, ACS, HRA, School, Social Service agency or authorized entity.