



HON. RICHARD THOMAS
Mayor

DEBBIE BURRELL-BUTLER, MBA
Executive Director

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Deputy Director

CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL - ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550

[HTTP://YOUTH.CMVNY.COM](http://youth.cmvny.com)

[FACEBOOK.COM/MVYOUTHBUREAU](https://www.facebook.com/mvyouthbureau)

[INSTAGRAM.COM/YOUTHBUREAUMV](https://www.instagram.com/youthbureauMV)

PH: (914) 665-2344 - (914) 665- 2346 FAX: (914) 665-1373

2019 SUMMER Counselor In Training (C.I.T) Application

Complete the attached 2019 Summer Youth Employment & Training Program application. When returning the completed application, make sure all requested documents listed below are attached. Applications will only be accepted on **Monday, April 8, 2019 through Friday, April 12, 2019 between the hours of 3:00 pm - 4:00 pm at the Youth Bureau, Room 306.** **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT IN THE PROGRAM. EMPLOYMENT IS VERY COMPETITIVE!**

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

1. One (1) page essay on the following topic:
What am I looking to gain becoming a CIT?
2. ATTESTATION FORM, PHOTO RELEASE FORM, & MEDICAL RELEASE FORM (completed by parent/guardian)
3. BIRTH CERTIFICATE OR PASSPORT
4. SOCIAL SECURITY CARD
5. WORK PERMIT (if you are 14 years old)
6. SCHOOL ID (Applicant must be in school) OR ANY GOVERNMENT ISSUED I.D.
7. LAST ISSUED REPORT CARD (2nd or 3rd MARKING PERIOD- January's 2019) - **NO progress reports will be accepted**
8. PROOF OF RESIDENCE (Parent's most current utility, phone bill, paycheck, student's report card, parent's driver license, or learner's permit)
***** APPLICANT MUST BE A MOUNT VERNON RESIDENT*****

If you have any questions or concerns, please do not hesitate to contact the Mount Vernon Youth Bureau at 914-665-2344 during business hours 8:30 am – 4:30 pm, Monday - Friday.

ALL notifications regarding Youth Employment & Training Program will be sent via email. Applicants MUST provide an active email address where you can be contacted. NO PHONE CALLS WILL BE MADE.



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A completed application will be collected by a Mount Vernon Youth Bureau staff member. Applicants will be interviewed at a later date and then selected to participate in the 2019 Summer C.I.T Program. SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM. All information provided will be treated with confidentiality. ONLY A COMPLETED APPLICATION WITH REQUESTED DOCUMENTS ATTACHED WILL BE ACCEPTED. * Only one applicant will be employed per household, if selected.

1. Last Name _____ 2. First Name _____ 3. Middle (Int.) _____

4. Social Security Number _____ 5. Date of Birth ____/____/____ 6. Gender ____ Male ____ Female 7. Age _____ 8. Grade/School _____

9. Citizenship Status (Check One): U.S. Citizen ____ Permanent Resident Alien ____ Other ____ Alien # _____

10. Address _____ Apt. ____ 11. City _____ 12. Zip Code _____

13. Applicant's Contact # _____ 14. Applicant's email address _____

15. Name of Parent or Legal Guardian _____ 16. Emergency # _____

17. Parent or Legal Guardian Email Address _____

18. Ethnicity (Circle One): American Indian; Pacific Islander ; Asian; White ; Black ; Hispanic/Latino ; Other _____

19. Other than English, what other language(s) are you most comfortable speaking? _____

20. Current Educational Status: Elementary School ____ Middle School ____ HS ____

21. Is the applicant any of the following? (Check all that apply) Disabled ____ Foster Care ____ Homeless ____

Runaway ____ Offender/ Court Involved ____ Parenting Youth ____ Other ____

22. Is applicant or applicant's family currently receiving public assistance? Yes ____ No ____ If no, skip question 23.

23. Type of Public Assistance (Check all that apply): Food Stamp __ S.S.I __ S.S.D. __ Child Support __ Retirement or Pension __ Family Assistance __ Safety Net/Home Relief __ Other __

24. Annual family income (gross) \$ _____ .00 25. Number of family living in the household _____

26. Previous work experience? Yes ____ No __ If yes, when? _____

Where? _____

Duties? _____

Applicant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



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Applicant’s Attestation form Verifying Information Provided by Parent/Guardian for 2019 Summer Counselor In Training (C.I.T) Program.

I have provided all the requested information and documentation the Mount Vernon Youth Bureau has requested for my child’s participation in the 2019 Summer Counselor In Training (C.I.T) Program. My signature below attests that the information I have provided is both accurate and true to the best of my knowledge. I further understand that I am responsible for misrepresentation or any misinformation provided to the Mount Vernon Youth Bureau which may be grounds for immediate termination and/or other penalties if I am selected.

Print Applicant’s Name

Signature of Applicant

Date

Print Parent /Guardian’s Name

Signature of Parent/Guardian

Date

Should you have any questions or concerns regarding the information in this letter, please contact the Mount Vernon Youth Bureau immediately at 914-665-2344.

“The City of Hope”