

# Human Services Center Corp.

Westinghouse Valley Human Services Center  
519 Penn Avenue, Turtle Creek, PA 15145-2057  
(412) 829-7112 Fax (412) 829-4363  
Website: www.hsc-mvpc.org

July 23, 2009

Dear Student:

Thank you for your interest in the Emerging Leaders Program. This is a great opportunity for you to prepare for your future, meet new people, learn many new things, and earn some money. The space is limited and we will only be accepting the most qualified of applicants. Please take a moment to read the attached information and complete the application. You can return the completed packet in person to the Human Services Center Corporation's office, 413 Penn Avenue, 2<sup>nd</sup> Floor in Turtle Creek, Monday through Friday between 9:00AM and 4:00PM or by mail to Leah Price, Human Services Center Corporation, 519 Penn Avenue, Turtle Creek, PA 15145. If you are applying through a school or the Boys & Girls Club, please return this to the appropriate contact person. **Please be sure to return your application and include the requested items below as soon as possible and put it to my attention.** I will call all applicants to inform you of your acceptance status.

The following is a list of criteria that **MUST** be met in order for a young person to participate:

- Applicants must be between **14 and 18 years old** with preference given to seniors followed by juniors in high school,
- Reside in one of the following school districts: **Woodland Hills, McKeesport, East Allegheny, South Allegheny, West Mifflin, Clairton, Penn Hills, Steel Valley, Gateway, Wilksburg, or Elizabeth Forward,**
- Submit a **fully completed enrollment packet** (many of the forms require the **signature of the student as well as the parent/guardian**). The packet will be provided at an orientation session.
- Provide a **copy of his/her signed social security card,**
- Provide a copy of **his/her birth certificate,**
- Provide a **piece of mail** - the piece of mail can be an empty envelope that is addressed to the student OR the parent/guardian of the student,
- Provide a copy of the student's **most recent report card and assessment test scores** (*The assessment test scores will be due to the Youth Programs Director by September 30, 2009. If the scores are not furnished by the due date the participant will be removed from the Program.*),
- Meet the following **income guidelines:**

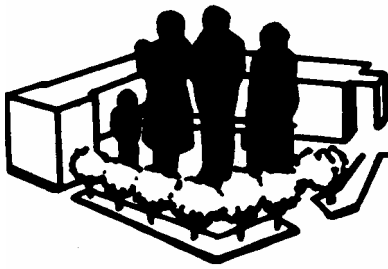
Household Size	6 Months	12 Months
1	\$4,900	\$9,800
2	\$6,960	\$13,920
3	\$9,550	\$19,100
4	\$11,790	\$23,580
5	\$13,915	\$27,830
6	\$16,275	\$32,550
7	\$18,640	\$37,280
8	\$21,005	\$42,010
9	\$23,370	\$46,740
10	\$25,735	\$51,470
11	\$28,100	\$56,200
12	\$30,465	\$60,930

**Again, a student will not be able to participate in the Emerging Leaders Program until all of these criteria are met.** Should you have any questions about any of this information, please do not hesitate to contact me at 412-829-7112 or via email at Lprice@hsc-mvpc.org.

Sincerely,

*Leah Price*

Leah Price, MPA  
Youth Programs Director  
Enclosure



# **Human Services Center Corp.**

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## **EMERGING LEADERS PROGRAM**

### **PURPOSE:**

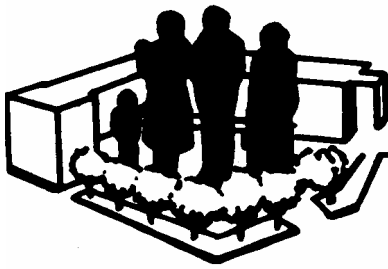
- ❖ Youth participating in the Emerging Leaders Program (ELP) will have the opportunity to build their job readiness skills, explore different career opportunities through hands-on experiences and field trips, participate in weekly trainings and skill building activities, earn money, and improve their study skills and grades.

### **SUPERVISORY STRUCTURE:**

- ❖ ELP participants will be under the supervision of the Youth Programs Director, Education Advancement Coordinator, Youth Development Associate, and all HSCC staff.

### **SPECIFIC RESPONSIBILITIES:**

- ❖ Attend the mandatory sessions each week.
- ❖ Complete at least three hours of job exploration each week.
- ❖ Attend at least one field trip each quarter.
- ❖ Maintain a 2.5 GPA during the school year.
- ❖ Report on time to every training session and career exploration session.
- ❖ Do not exceed three unexcused absences during July and August and do not exceed more than four unexcused absences per quarter from September through June.
- ❖ Promote a safe and healthy environment.
- ❖ Always be respectful and follow conduct guidelines.



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## EMERGING LEADERS PROGRAM

The following information will help us to make ELP as beneficial as possible to your youth. Please print all information clearly. Failure to complete this document correctly could result in your teen not being accepted into the Emerging Leaders Program. All information will be kept confidential.

Teen's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment # if Applicable: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Teen's Cell # if Applicable: \_\_\_\_\_

Social Security # of Teen: \_\_\_\_\_ Sex:  Male  Female

Grade in School of Year Applying: \_\_\_\_\_ Age: \_\_\_\_\_ School in Year of Applying: \_\_\_\_\_

Name of School and District Attended during 2008-2009 School Year: \_\_\_\_\_

Name of School and District Attending in 2009-2010 School Year: \_\_\_\_\_

Projected Name of School and District Attending in 2010-2011 School Year \_\_\_\_\_

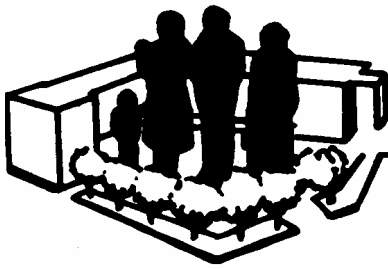
With whom is your teen living? \_\_\_\_\_

Parent/Guardian(s) Social Security #s: \_\_\_\_\_

Place(s) of Employment of Mother/Guardian: \_\_\_\_\_ Not Applicable

Place(s) of Employment of Father/Guardian: \_\_\_\_\_ Not Applicable

- Is the student's family receiving services from Children, Youth and Families?  Yes  No
- Is the youth's family receiving any public welfare benefits (such as Temporary Assistance for Needy Families (TANF) payments, Medicaid health insurance, food stamps)?  Yes  No
- Do parents/guardians share LEGAL custody or are parents/guardians married?  Yes  No
- Is Mother/Guardian registered to vote?  Yes  No
- Is Father/Guardian registered to vote?  Yes  No



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## Emerging Leaders Program Mandatory Survey

The following are for statistical purposes only to report to our funders the demographics of the youth and families we are serving. Your answers to the questions will have no bearing on your youth's eligibility for our programs. **Please note that no individual will be named specifically and all information will be kept confidential.** Thank you in advance for your assistance.

Name of youth: \_\_\_\_\_

Is/are the youth's legal guardian(s) someone other than the biological parent(s)?  Yes  No

Is the participant a foster youth?  Yes  No

Has the participant ever been a foster youth?  Yes  No

Does the youth have an Individual Education Plan (IEP)?  Yes  No

Has the youth ever failed a grade level in school?  Yes  No

Has the youth ever attended summer school?  Yes  No

Is school attendance an issue for the youth?  Yes  No

Has the participant been suspended from school at any time?  Yes  No

Has the youth ever been expelled from school?  Yes  No

Has the participant ever been a part of the juvenile justice system?  Yes  No

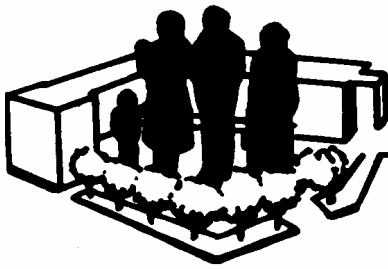
Has a parent of the youth ever been incarcerated?  Yes  No

Has any close relative of the youth ever been incarcerated?  Yes  No

Is there a history of drug and/or alcohol abuse in your family?  Yes  No

Does your family live in subsidized, Section 8, or any other form of public/subsidized housing?  
 Yes  No





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## EMERGING LEADERS PROGRAM

### EMERGENCY CONTACT INFORMATION

Teen's Name:

Mother's Name/Legal Guardian:

Mother's Home Phone:

Mother's Cell Phone:

Mother's Work Phone:

Mother's Address:

Father's Name/Legal Guardian:

Father's Home Phone:

Father's Cell Phone:

Father's Work Phone:

Father's Address:

1<sup>st</sup> Emergency Contact (OTHER THAN PARENT/GUARDIAN):

Relationship to Applicant:

1<sup>st</sup> Contact Cell Phone:

1<sup>st</sup> Contact Home Phone:

2<sup>nd</sup> Emergency Contact (OTHER THAN PARENT/GUARDIAN):

Relationship to Applicant:

2<sup>nd</sup> Contact Cell Phone:

2<sup>nd</sup> Contact Home Phone:

Name of Student's Physician/Medical Care Provider:

Phone Number:

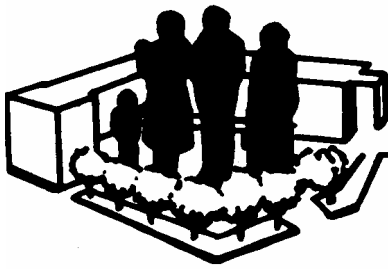
Health Insurance Coverage for Student:

Policy Number:

Special Disabilities:

Allergies:

Medications:



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## EMERGING LEADERS PROGRAM

### PARENTAL CONSENT FORM

I grant permission for my son/daughter \_\_\_\_\_ to participate in all scheduled activities of the Emerging Leaders Program at the Human Services Center Corporation. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this summer program.

\*\*For those parents with joint custody, **BOTH** parents must sign this release. Failure to do so will result in your child being prohibited from participating ELP. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

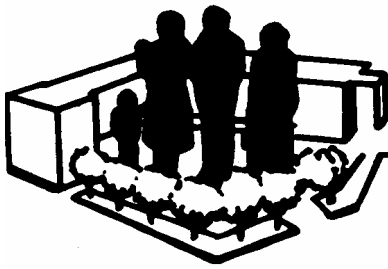
Name of Teen: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Signature of Parent or Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Parent or Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

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



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## EMERGING LEADERS PROGRAM

### RELEASE TO BE TAKEN OFF-SITE

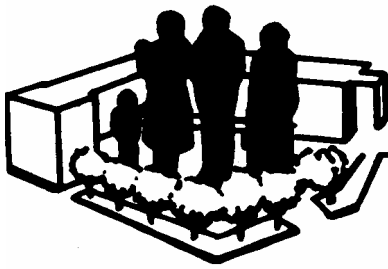
I grant permission for my son/daughter \_\_\_\_\_ to be taken off-site by Human Services Center Corporation staff for field trips and other special events. I release the Human Services Center Corporation, Emerging Leaders Program, and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in off-site field trips and activities of this program.

\*\*For those parents with joint custody, **BOTH** parents must sign this release. Failure to do so will result in your youth being prohibited from participating in the Emerging Leaders Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Name of youth: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Signature of Parent or Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_



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## EMERGING LEADERS PROGRAM

### PHOTO/IMAGE CONSENT FORM

Occasionally, Emerging Leaders Program staff members wish to photograph, videotape, or otherwise record the activities of program participants for the purpose of recording, promotions, and reporting outcomes of the Emerging Leaders Program. We sometimes provide local newspapers with information about the Emerging Leaders Program participants, such as the student's name, grade, school district, and what the student has done during the program. Please indicate if you give us permission to use your youth's image and name for such purposes by signing below.

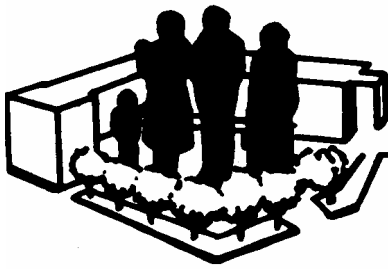
I hereby give permission for my son/daughter, \_\_\_\_\_, to be photographed, videotaped, or otherwise have their image or voice recorded, in connection with the Emerging Leaders Program. I give permission for the Human Services Center Corporation/Emerging Leaders Program to use the photographed, videotaped, and/or recorded materials in any publications, promotional materials, reports, websites, CD's, DVD's, other media for publicity, reporting purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to the said videotaped, recorded, and/or photographed materials.

I further grant permission for the Human Services Center Corporation to provide local media and foundations with information about my youth.

**\*\*For those parents with joint custody, BOTH parents must sign this release. Failure to do so will result in your youth being prohibited from participating in the Emerging Leaders Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.**

Parent/Guardian Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_



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## EMERGING LEADERS PROGRAM

### AUTHORIZATION FOR SHARED INFORMATION

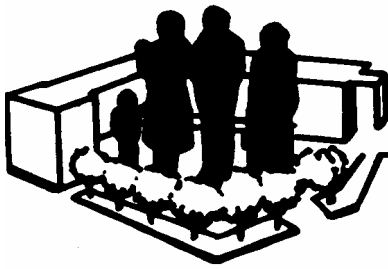
I, \_\_\_\_\_, do hereby authorize agencies involved to release to the *Human Services Center Corporation*, information relating to myself or on my son/daughter, \_\_\_\_\_, in efforts to access programming, training, employment, or support services on my behalf or my son/daughter's behalf relating to academic performance, age, residence, citizenship, family size, amount of family income, public assistance eligibility, employment status and history, disability status, institutional status, veteran status, and school records.

Moreover, I do hereby give permission to the Human Services Center Corporation to share information on my child with funders, emergency care providers, school teachers and guidance counselors, and other human service agencies on an as-needed basis. All information will be kept strictly confidential.

\*\*For those parents with joint custody, **BOTH** parents must sign this release. Failure to do so will result in your youth being prohibited from participating in the Emerging Leaders Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Parent/Guardian Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_



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## EMERGING LEADERS PROGRAM

### PERMISSION FOR MEDICAL TREATMENT AND RELEASE

I wish to have my son/daughter, \_\_\_\_\_, participate in the Emerging Leaders Program. I understand that there are risks and hazards, in addition to benefits, associated with my youth's participation. I, on behalf of myself, my youth, our heirs, executors, administrators, and other personal representatives, do hereby irreversibly and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my youth, have or may have against the Emerging Leaders Program and the Human Services Center Corporation arising from or connected with my youth's participation in the Emerging Leaders Program, including the securing of medical treatment for my youth.

I give permission for the Emerging Leaders Program and Human Services Center Corporation to secure medical treatment for my youth in the event that such treatment is required during my youth's participation in the Emerging Leaders Program. I will be financially responsible for the cost of such treatment. In addition, should my youth need medication administered on a daily basis, I will provide the Emerging Leaders Program and Human Services Center Corporation staff with clear instructions, including the name of the medication(s), dosages, time(s) to be administered, and the prescribing doctor's name, address, and phone number, should they need to be contacted.

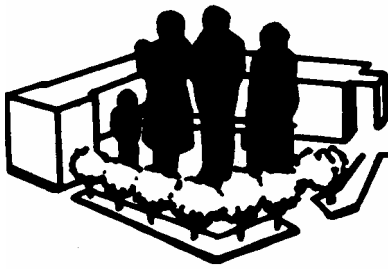
The Commonwealth of Pennsylvania's laws apply to this Permission for Medical Treatment and Release. This release will remain valid and binding from throughout your child's involvement in the Emerging Leaders Program.

I have read and understand the terms of this release. I sign this document voluntarily, knowing that I am legally bound by it. I am over eighteen years of age, and competent to sign this document.

\*\*For those parents with joint custody, **BOTH** parents must sign this release. Failure to do so will result in your youth being prohibited from participating in the Emerging Leaders Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Parent/Guardian Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_



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## EMERGING LEADERS PROGRAM

### MEDICAL INFORMATION SHEET

Youth's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

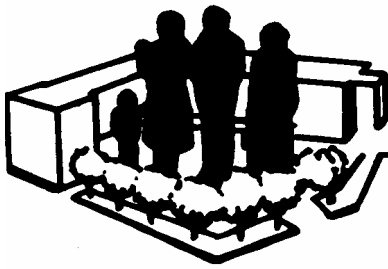
Regular Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions and History (Please check all that apply)

- Asthma \_\_\_\_\_
- Arthritis \_\_\_\_\_
- Alcoholism/Drug Abuse \_\_\_\_\_
- Allergies \_\_\_\_\_
- Bleeding Trouble \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Depression \_\_\_\_\_
- High Blood Pressure \_\_\_\_\_
- High Cholesterol >200 \_\_\_\_\_
- Kidney Trouble \_\_\_\_\_
- Leukemia \_\_\_\_\_
- Migraine Headaches \_\_\_\_\_
- Obesity \_\_\_\_\_

Other: \_\_\_\_\_



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## EMERGING LEADERS PROGRAM

### AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

(Medication to be supplied by parent)

I hereby authorize and instruct Emerging Leaders Program and Human Services Center Corporation staff to administer the following medication to my son/daughter, \_\_\_\_\_, in the appropriate dosages at the designated times outlined below.

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Not Applicable

Parent/Guardian Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Youth: \_\_\_\_\_

Name of Medication(s): \_\_\_\_\_

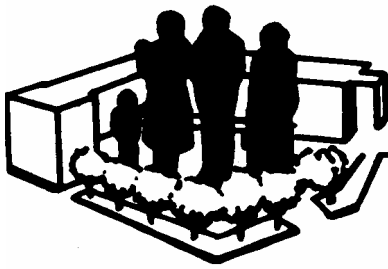
Dosage(s): \_\_\_\_\_

Time(s) to be administered: \_\_\_\_\_

Name of Prescribing Doctor: \_\_\_\_\_

Prescribing Doctor's Address: \_\_\_\_\_

Prescribing Doctor's Phone Number: \_\_\_\_\_



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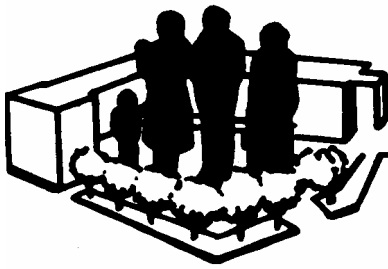
### ***RELEASE FOR REPORT CARD, ASSESSMENT TEST SCORES, DIPLOMA, AND/OR FINAL TRANSCRIPT***

I, \_\_\_\_\_, do hereby authorize and instruct the Human Services Center Corporation to obtain my son/daughter's report card, assessment tests *including but not limited to* the PSSA, PASA, Terra Nova, 4Sight, DIBELS, OLSAT, PSAT, SAT, and ACT test scores, diploma, and final transcript.

Signature of Parent/Guardian 1: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian 2: \_\_\_\_\_ Date \_\_\_\_\_

Name of Youth: \_\_\_\_\_



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## EMERGING LEADERS PROGRAM

### RULE ACKNOWLEDGEMENT CONTRACT

I have read the policies and procedures. By signing, I acknowledge that I understand the rules and regulations of the Emerging Leaders Program.

\*\*For those parents with joint custody, **BOTH** parents must sign this release. Failure to do so will result in your youth being prohibited from participating in the Emerging Leaders Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Name of Youth: \_\_\_\_\_ Age: \_\_\_\_\_

Signature of Youth: \_\_\_\_\_

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

Signature of Parent or Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_