

# Older Youth



**16-24  
Years Old**



# Summer Youth Employment Program

**Participant Application**



**2023**



<https://application.nycsyep.com/>

**f** **t** **@** @nycyouth #SYEP2023



**PERSONAL INFORMATION**

1. Full Name: \_\_\_\_\_ 2. Date: \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_  
First Middle Last

4. Date of Birth (Month/ Day/ Year): \_\_\_/ \_\_\_/ \_\_\_ 5. Your Home Phone Number: (\_\_\_\_)- \_\_\_\_\_ - \_\_\_\_\_

6. Your Cell Phone Number: (\_\_\_\_)- \_\_\_\_\_ - \_\_\_\_\_ 7. Your E-mail Address: \_\_\_\_\_

Please Select 'YES' if you would like to receive text updates:

**YES NO**

8. Last Name of Parent or Legal Guardian \_\_\_\_\_ 9. First Name of Parent or Legal Guardian: \_\_\_\_\_

10. What is Your Race?

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Asian
- Middle Eastern/ North African
- Other

11. What is Your Ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

12. What is Your Sex at Birth?

- Male
- Female

13. What is Your Gender Identity?

- Male
- Female
- Non-Binary (not Female/ Male)
- Two Spirit (Native American/ First Nation)
- Another Gender \_\_\_\_\_
- Gender Nonconforming
- Not Sure
- Decline to Answer
- Do not understand the question

14. Does Applicant identify as transgender?

*Transgender is an umbrella term for people whose identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. Some transgender people will identify with the opposite gender they were assigned at birth, and some may not identify with any binary gender. Someone who identifies their gender as androgynous, gender queer, non-binary, gender non-conforming, MTF or FTM may also consider themselves to be transgender.*

**YES**

**NO**

**SYEP PRIDE (Optional)**

**SYEP Pride will work toward a future without discrimination where all people have equal rights to employment. We will work with youth and businesses alike to produce LGBTQ+ Pride opportunities that inspire, educate, commemorate, and present a level field for a diverse community. SYEP Pride will connect people between the ages of 14-24 who identify as LGBTQ+ with supportive, safe, and affirming work and career exploration experiences.**

By opting in, you are affirming that you are willing to participate in the inaugural SYEP PRIDE program.

**I AGREE**

**I DECLINE TO OPT IN**

15. What Are Your Gender Pronouns?

- She/ Her/Hers
- He/ Him/ His
- They/ Them/ Theirs
- Another Pronoun \_\_\_\_\_
- Decline to Answer

16. What Is Your Sexual Orientation?

- Heterosexual (Straight)
- Gay
- Lesbian
- Bisexual
- Pansexual
- Asexual
- Queer
- Questioning
- Another Sexual Orientation
- Not Sure
- Decline to Answer

17. Selective Service Registration Number & Date: \_\_\_\_\_  
SSR # Date of Registration

*Males 18 years of age or older must be registered with the Selective Service System to participate in the program (if you have not registered yet, please visit [www.sss.gov](http://www.sss.gov))*

18. \*Applicants 18 or Older\* Are You a Veteran?

**YES**      **NO**

19. \*Applicants 18 or Older\* Are You an Active Military Applicant?

**YES**      **NO**

20. How Well Do You Speak English?

Fluent/ Very Well      Not Well  
Well      Not Well At All

21. Please Enter Your Primary Language: \_\_\_\_\_

22. Other Languages Spoken by You:  
(Check All That Apply)

- Albanian
- Arabic
- Bengali
- Chinese (Including Cantonese & Mandarin)
- English
- French
- Fulani
- German
- Gujarati
- Haitian Creole
- Hebrew
- Hindi
- Hungarian
- Italian
- Japanese
- Korean
- Kru, Ibo, Yoruba
- Mande
- Persian
- Polish
- Portuguese
- Punjabi
- Romanian
- Russian
- Spanish
- Tagalog
- Turkish
- Urdu
- Vietnamese
- Yiddish
- Other \_\_\_\_\_

**HEALTH INFORMATION**

23. Do You Have Health Insurance?

**YES**      **NO**      **Decline to Answer**

24. If YES, Please Specify The Health Insurance Down Below (Check All That Apply)

- Medicaid
- Direct-Purchase
- State Children's Health Insurance Program
- Military Health Care
- Medicare
- Employment-Based
- State Children's Health Insurance for Adults
- Decline to Answer

25. If NO, Would You Like to Be Contacted About Signing Up for Public Health Insurance? (Select One)

**YES**      **NO**      **Decline to Answer**

**HOUSEHOLD INFORMATION**

26. You Live in a Household That Is Headed By (Select One):

- Single Parent - Female
- Single Parent - Male
- Two Adults- No Children
- Two Parent Household
- Single Person- No Children
- Multigenerational Household
- Non-related Adults with Children
- Other \_\_\_\_\_

27. What is Your Household Size? \_\_\_\_\_

28. Total Household Income in The Last 12 Months? \$\_\_\_\_\_

29. Please Check This Box If You Have No Household Income:

29a. Please Select Your Housing Type:

- Own      Rent
- NYCHA      Shelter
- Homeless      Other Permanent Housing
- Other \_\_\_\_\_

29b. If You Live In NYCHA, Please Specify The NYCHA Development Here:

\_\_\_\_\_

30. What is Your Current Work Status (Select One)?

Employed Full-Time

Unemployed (Not In Labor Force)

Employed Part-Time

Migrant Seasonal Farm Worker

Unemployed (Short-term, 6 months or less)

Unemployed (Long-term, more than 6 months)

31a. Are You or Your Family Currently Receiving Public Assistance?

**YES**

**NO**

31b. If YES, Please Specify Type of Public Assistance:

Family Assistance

SNAP (Supplemental Nutrition Assistance Program)

Safety Net/ Home Relief

S.S.I.

Other \_\_\_\_\_

32. Enter Your Full Address Here: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Borough: \_\_\_\_\_

33. Do You Have Access to An Electronic Device With Internet Accessibility?

**YES**

**NO**

34. Do You Have a Bank Account?

**YES**

**NO**

35. If NO, Are You Interested In Opening a Bank Account?

**YES**

**NO**

36. Are You Interested In Direct Deposit?

**YES**

**NO**

**EMERGENCY CONTACT INFORMATION**

**Contact 1**

Contact Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**Contact 2**

Contact Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**ADDITIONAL QUESTIONS**

37. Are You Currently In The Foster Care System?

**YES**

**NO**

38. Are You a Parent or a Guardian?

**YES**

**NO**

39. Do You Have a Disability?

**YES**

**NO**

40. Please Select Your Citizenship Status Down Below:

Citizen

Permanent Resident

Other

41. Are You Currently a Runaway?

**YES**

**NO**

42. Are You Currently Homeless?

**YES**

**NO**

43. Are You an Offender or Court Involved?

**YES**

**NO**

44. Are You Receiving ACS Preventative Services?

**YES**

**NO**

45. Are you a Gender-Based/ Domestic Violence Victim?

**YES**

**NO**

46. How Did You Hear About Us? \_\_\_\_\_

**EDUCATIONAL STATUS & CAREER DETAILS**

47. What is Your Education Status?

- Full-Time Student
- Part-Time Student
- Not In School

48. Where Is Your School Located?

In NYC                  Outside of NYC

City & State of School \_\_\_\_\_

49. What is Your School Major?

\_\_\_\_\_

50. What is Your Current/ Last Grade Completed?

\_\_\_\_\_

51. Please Enter the Start and End Dates of Your Summer Break:

\_\_\_\_\_

52. GPA / GPA Equivalent: \_\_\_\_\_

53. Name of School or Academic Institution:

\_\_\_\_\_

54. Please Indicate the School System You Attend:

DOE                  CUNY                  SUNY                  OTHER

55. **(Current DOE Students only)** OSIS #: \_\_\_\_\_

56. Do You Have Prior Work Experience (Paid or Unpaid)?

**YES**                  **NO**

57. Are You Familiar with Any of These Skills? (Check All That Apply)

- |                      |                   |
|----------------------|-------------------|
| Adobe Creative Suite | Not Applicable    |
| Coding Languages     | Presentations     |
| Customer Service     | Social Media      |
| Data Entry           | Web Design        |
| Graphic Designing    | Please Select One |
| Marketing            |                   |
| Microsoft Office     |                   |

58. What Is Your Long- Term Career Goal? Please List Three (3) Interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

59. Are You a Current DOE- D75 Student?

**YES**                  **NO**

60. Do You Have an Individualized Education Program (IEP)?

**YES**                  **NO**

**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: \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_

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

# OLDER YOUTH DOCUMENT CHECKLIST

Please provide **ONE DOCUMENT** from each category, as applicable. Please note that certain documents may count for more than one category.



## Photo Identification



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



## Proof of Age



Birth Certificate



Benefit Card



NYS Driver/Non-Driver's License



Permanent Resident or Alien Registration Card



Valid U.S. Passport (signed)



## Proof of Social Security Number



Social Security Card



## Proof of Address

Must be dated within 6 months of enrollment



Home Utility Bill



Current Lease, Mortgage, Deed, Rent Bill



Bank or Credit Card Statement



Insurance



Official Mail from a Federal, State or City Agency (including your school)



## Proof of Employment Authorization



Report card (within the last 6 months)



Official school transcript



Valid U.S. Passport (signed)



NYS Driver's/Nondriver's License



Alien Registration Card



US Military Card/Draft Card



Voter's Registration Card



I-94, I-551, I-797 forms



Certificate of Naturalization



Employment Registration Card



## Only if Applicable



**Proof of Disability:** Official documentation as applicable certifying disability from a physician, ACS, HRA, School (IEP from school), Social Service agency or authorized entity on letter head.



Selective Service Registration Card or Selective Service "Online Receipt" Required for males 18 years of age or older.



**REQUIRED IF UNDER 18:** Green working paper card for 16/17 year old youth

# OLDER YOUTH (OY) PROGRAMS FREQUENTLY ASKED QUESTIONS

## What will I be doing this summer?

This summer, you will be placed at a worksite based on your interests. Through this experience, you will explore career opportunities and obtain work-readiness, leadership, and networking skills.

You will be assigned to work 25 hours per week for six weeks at a pay rate of \$15 per hour.

## How will I get paid? Do I have to pay to apply?

You can choose to have the money put directly into your bank account via direct deposit, or you may opt to have a payroll card mailed to you.

You will **not** have to pay to apply or to participate. The only costs you will be responsible for are your own transportation and meals.

## How can I apply?

You can apply one of two ways:

- Online at [www.nyc.gov/site/dycd/services/jobs-internships/summer-youth-employment-program-syep.page](http://www.nyc.gov/site/dycd/services/jobs-internships/summer-youth-employment-program-syep.page)
- Via a paper application from one of our SYEP community partners: SYEP-2022-CB-OY.pdf ([nyc.gov](http://nyc.gov))

## How are applications chosen?

DYCD selects participants via a random lottery to ensure fairness. There will be more than one lottery to ensure that all seats in the program are filled.

Some young people are directly recruited by our SYEP community partners for specialized programming.

## OY Eligibility

- **16-24 years old by July 3, 2023**
- **NYC resident**
- **Legally able to work in the US**

## Dates to Remember

**February 13th, 2023**  
Application Opens

**March 31, 2023**  
Application Closes

**July 5, 2023**  
SYEP 2023 begins!