Pathways to Success**:** *Application*

**PROGRAM DESCRIPTION:**
The Pathways to Success Program is designed to offer middle school students, who have finished sixth through eighth grades, an opportunity to explore different career fields and equip them with the skills and knowledge necessary to succeed throughout their lives. The House of the Carpenter will partner with local businesses and schools, as well as our own ongoing programs to provide participants with uniforms, weekly work schedules, and various tasks.

A large part of the program is spent visiting shadow sites where students meet with employees in different career fields and learn about the jobs they do and the type of education required to acquire that type of job. We also plan to visit technical schools and colleges to get a feel for education opportunities beyond middle and high school.

Students will also attend a financial understanding course, with participation from West Virginia Saves, learning how to manage their finances. They will also learn how to develop a resume and practice interview skills. Upon completion of the program, students will receive a stipend for work performed, a portion of which will be used to set up a savings account through WesBanco and West Virginia Saves.

**PROGRAM DETAILS:**

* **Participants**: We will take **up to 10** participants, which will undergo an application and interview process before acceptance into the program. Applications deadline: **5/19/2021** Interviews will be held**: 5/24,5/25** Notification of Acceptance: **5/26/2021**
* **Orientation**: Monday, June 7th – 10:00 am to 2:00 pm at the House of the Carpenter
* **Program dates and times**: Monday-Thursday, 10:00 am to 2 pm; June 7th-June 30th
* **Where**:The House of the Carpenter and various shadow sites. Transportation and lunch will be provided.

**PROGRAM EXPECTATIONS:**

* **Be punctual**: We will begin promptly at 10:00 am every day we meet. **There are some days the will require an earlier start time. You will be informed of that ahead of time. If there are days you will be unavailable or late, please list them here:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Note: deductions to stipend WILL occur for absences - $6 per hour, $30 per day)

* **Be prepared**: Come dressed in the appropriate uniform for the day, prepared with your required supplies and positive attitude!
* **Be present**: We ask that participants leave phones or devices at home or in safe storage location at the House of the Carpenter. We are here to learn, so we ask that you provide your undivided attention each day.
* **Behavior**: Appropriate behavior is crucial while on-site and off-site. Respect for one another, the leaders of the program, and any guest speakers or presenters who join us is mandatory. Misbehavior will not be tolerated; participants can and will be removed from the program if misbehavior persists. This program is a **privilege** to be a part of.

GENERAL PERMISSION FORM

2021

Name Birth Date

 Last First Middle Month Day Year

School Grade T-Shirt Size

Participant Cell Phone □ Text □ Call

Participant Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact** (list a parent or guardian first)

Name Relationship

Address Home phone \_\_\_\_\_\_

 Cell phone

Email Address

Name Relationship

Address Home phone

 Cell phone

Email Address

Family Doctor (name and phone)

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Any allergies to medicines, foods, etc.

 \_\_\_\_\_

Date of last tetanus shot

Other dietary considerations (e.g. vegetarian)

Any history of serious illness (diabetes, asthma, epilepsy, etc.), recent injuries or hospitalizations? Please list:

What medications (if any) are presently being taken?

In the event that your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, suffers any illness or accident requiring emergency medical care or hospitalization while participating in any activity hosted by the **House of the Carpenter**, I give my permission for the adult chaperone in charge to talk with the doctor on my behalf and for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that the adult chaperone will contact me at the earliest possible moment. I fully understand that reasonable care will be exercised by the adult chaperones for any event hosted by the House of the Carpenter to protect the safety of those involved, and therefore, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless the House of the Carpenter, its board of directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature which may be incurred by the undersigned and the participant while involved in any activities hosted by the House of the Carpenter.

Health insurance by which participant is covered

Policy Number

Parent/Guardian Signature Date

**Transportation**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAS MY/OUR PERMISSION TO PARTICIPATE IN ONSITE AND OFFSITE ACTIVITIES RELATED TO THE HOUSE OF THE CARPENTER, the undersigned, do hereby also grant permission for the participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by the House of the Carpenter. The participant and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

YOUTH SIGNATURE

PARENT/GUARDIAN SIGNATURE

**Photo Waiver**

I hereby authorize The House of the Carpenter, located in Wheeling, West Virginia, to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me in connection with printed materials or other media it distributes, displays, transmits or exhibits. Such distributions, displays, transmissions or exhibits may include, but are not limited to, publications, newsletters, magazines, brochures, CD ROMs, websites, social media and/or videos. I understand that my authorization grants House of the Carpenter the right to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me without compensation or further notice.

I hereby release and discharge House of the Carpenter for any and all liability arising out of or relating to the foregoing.

By signing this Consent and Release Form, I consent to allow the above named minor to participate in the activities described above and allow the information obtained from the above named minor to be used and shared as described above. I represent and warrant that (i) I am eighteen (18) years of age or older and am legally competent to execute this Consent and Release Form under the laws of my country, (ii) I have the legal authority to represent the above named minor and (iii) I have read and understand this Consent and Release Form.

Parent/Guardian Name (printed) Date

Parent/Guardian Signature Date

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| interest survey |

What are your hobbies and interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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What are your favorite subjects in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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What other activities are you involved with (clubs, sports, offices, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Are there any careers or jobs that interest you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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What would you like to get out of participating in this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| Signatures |

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| By initialing here (\_\_\_\_\_\_\_) you agree that you are willing and able to make a commitment to the Pathways to Success Program and will miss no more than 2 of the 15 days the program runs. By initialing here (\_\_\_\_\_\_) you agree, if you are accepted as a participant, to follow the rules and guidelines as they are laid out before you in this document.By signing this document, you verify that all of the information given is accurate and that you have been given a copy of this form for your personal records.  |
| Signature of applicant:  | Date:  |
| Signature of parent/guardian:  | Date:  |

*Return completed packet to Mia Williams, Program Director by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Drop off or mail to: The House of the Carpenter, 200 South Front Street, Wheeling, WV 26003.*

*Or scan and e-mail to mwilliams@houseofthecarpenter.com*

*Call with any questions: (304) 233-4640*