



Bird Street Community Center Summer Programs Application 2011

*Applications available electronically please email alinton@birdstreet.org

Thank you for your interest in working at Bird Street Community Center. In order to apply for a Summer Job position at Bird Street Community Center you must complete the following steps:

1. Choose the program interested in below (check program interested in):

| | |
|--|-------|
| A. Junior Counselor (<i>Assistants to Unit Leaders at Camp 16-17 year olds</i>) | _____ |
| B. Connections 2 College (<i>6-week residential college program-rising 11th & 12th grades</i>) | _____ |
| C. Sports Internship (<i>Coaching and Referee certification ages 15-19</i>) | _____ |
| D. Boys Glass Arts Entrepreneurship (<i>Program for 13 & 14 year olds</i>) | _____ |
| E. Girls Fashion Design Entrepreneurship (<i>Program for 13 & 14 year olds</i>) | _____ |
| F. Girls Dance Entrepreneurship (<i>Dance program for 13-14 year olds</i>) | _____ |
| G. Computer Interns (<i>Basic knowledge required for 15-17 year olds</i>) | _____ |
| H. Video Production (<i>Program for 13 & 14 year olds</i>) | _____ |
| I. Administrative Assistants (<i>Support senior staff and front desk 15-17 year olds</i>) | _____ |
| J. Facility Interns (<i>Support Facilities Management 15-17 year olds</i>) | _____ |
| K. Unit Leaders in Summer Camp (<i>18+ and in college</i>) | _____ |

2. Return and complete the following (please bring in complete packet):

| |
|---|
| A. Complete this Application (personal information, parent signature, and income verification form) |
| B. Get one recommendation (teacher, clergy members, employer, or community member) |
| C. Copy of most recent Report Card |
| D. Copy of Health Insurance Form |
| E. Sign up for Hope Line (if 15 by June 30 and no older than 17 by August) |
| F. Current Resume |

*******PLEASE SUBMIT A COMPLETE APPLICATION BY APRIL 15TH*******

Name (last, first, middle) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (mobile) _____

Date of Birth: _____ Soc. Sec. # _____

Hope Line #: _____ Current Grade: _____ School: _____

Work Experience (please describe): _____

Volunteer Experience (please describe): _____

Skills, Interests, Hobbies or special qualifications for this job: _____

Why are you interested in this position? _____

How will this program help you in the future? _____

Please list three people who we can contact for references (employers, teachers, clergy or friends)

| Name | Telephone | how do you know him/her |
|----------|-----------|-------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Parent / Guardian Name: _____ PH# _____
Emergency Contact Name (1): _____ PH# _____
Emergency Contact Name (1): _____ PH# _____

Parent/Guardian Permission (under 18 years of age only)

I give my son/daughter permission to apply for the position at Bird Street Community Center. I understand that, if my child receives this position, he or she will be trained by Bird Street staff and will assist the Center in various capacities. I understand that he or she will be depended on to be reliable and on time.

Signature: _____ Date: _____

Bird Street Community Center

500 Columbia Road, Dorchester, MA 02125 Ph: (617) 282-6110 Fax: (617) 282-2507

(Connections 2 College) sfranklin@birdstreet.org (Sports Internship) tcardoso@birdstreet.org

(Junior Counselor) alinton@birdstreet.org (Boys Glass Entrepreneurship) mnobles@birdstreet.org

(Administrative Assistants and Video Production) akaiser@birdstreet.org (Dance) jcrawford@birdstreet.org

(Fashion Design Entrepreneur) jcrawford@birdstreet.org (Facility Interns) pbarros@birdstreet.org

(Computer Interns) akaiser@birdstreet.org

In order for us to process this application properly and better serve your child we need you to give us one of the following. All parts of this application must be finished before your child can become a member.

A copy of:

- Food Stamp Card
- Proof of Boston Public School Free Lunch Program
- Unemployment Insurance
- AFDC
- TAFDC Recipient
- Veterans Compensation
- General Assistance
- Free Care
 - Copy of insurance card
 - Copy of Mass Health Cad
 - Copy of Neighborhood Health Plan
 - Copy of Boston Health Net Card
- Public Housing
 - Section 8
 - Low Income Subsidize Housing
 - Reduced Rent
 - Boston Housing Assistance
- Copy of EBT card
- Copy of TANIF (welfare)