

THE
DISTRICT OF COLUMBIA
HOUSING AUTHORITY



DO YOUR B.E.S.T.

SUMMER YOUTH
EMPLOYMENT
PROGRAM

APPLICATION PACKAGE
SUMMER 2020

**DISTRICT OF COLUMBIA HOUSING AUTHORITY
DO YOUR B.E.S.T. (DYB) SUMMER YOUTH EMPLOYMENT PROGRAM**

IMPORTANT INSTRUCTIONS & NOTIFICATIONS

- **Applicants must read all information, instructions, and questions carefully.**
- Complete the entire application package, do not leave anything blank. Complete applications must include a completed Application Checklist.
- Include all required additional information with this application package, including the applicant's government issued ID, social security card, school transcript with cumulative Grade Point Average (GPA), resume, and signed certification and consent forms (required for participants under the age of 18).
- All participants in the program must be between the ages of 14 -18 years old as of the first day of the program (**Monday, June 22, 2020**). Applicants who are 18 years of age are eligible to participate only if they do **NOT** turn 19 years old during the program (**June 22, 2020 – August 7, 2020**).
- Submit completed application package by or before **Monday, April 1st, 2020**. Incomplete applications and applications received after the deadline will **NOT** be considered. If you have any questions about anything in this application package or need assistance completing the application, please contact the Office of Resident Services at (202) 535-1517 or by e-mail at orsprograms@dchousing.org.
- All applications will be processed in the order in which they are received.
- After each application has been screened for eligibility, applicants will be invited to participate in an interview process. Applications will then be evaluated and scored based on each applicant's GPA, interview scores, and any community service or volunteer activities completed during the current school year.
- Program participants must notify the DYB staff if they are enrolled in the Mayor Marion S. Barry Summer Youth Employment Program (SYEP) or other programs that may interfere with their participation in the DYB Program. DYB Program participants are **NOT** permitted to participate in the SYEP and DYB Programs during the same program cycle and may be terminated if they do so.
- Any grievances related to the selection or rejection of a participant and/or application should be directed to the Office of Resident Services. Grievances must be submitted in writing to the Office of Resident Services within ten calendar days of receipt of a rejection letter from DCHA. Please mail written inquiries or complaints to the following address:

**District of Columbia Housing Authority
Office of Resident Services (DYB) Summer Youth Employment
Program 1133 North Capitol Street, N.E.
Washington, D.C. 20002**

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DO YOUR B.E.S.T. SUMMER YOUTH EMPLOYMENT PROGRAM

APPLICATION CHECKLIST

Last Name: _____ **First Name:** _____

	COMPLETED & ENCLOSED	OFFICE USE ONLY
COMPLETED APPLICATION		
PROOF OF AGE (State Issued Identification) COPY OF SOCIAL SECURITY CARD SCHOOL TRANSCRIPT		
COPY OF RESUME`		
EMERGENCY CONTACT FORM (this form is included in the application package)		
CERTIFICATION AND CONSENT FORM (this form is included in the application package and must be signed by a parent or guardian)		

FOR ORS OFFICE USE ONLY

Date returned: _____

Time returned: _____

Received by: _____

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APPLICATION INSTRUCTIONS

LISTED BELOW ARE INDIVIDUAL INSTRUCTIONS FOR EACH QUESTION IN THE APPLICATION. THE NUMBER OF EACH QUESTION (CORRESPONDING WITH THE APPLICATION) IS LISTED, AND IS FOLLOWED BY INSTRUCTIONS.

1. Fill in your name in the order listed.
2. Fill in your date of birth in the order listed (example, 5/7/99).
3. Please indicate your gender.
4. Fill in your 9 digit Social Security Number.
5. Please include a phone number where you can be reached.
6. Fill in your home address including street number and name, apartment number and zip code.
7. Fill in your current e-mail address and Twitter username.
8. Indicate the name of the Public Housing property that you live in or if you live in a Housing Choice Voucher Program (HCVP) (formerly Section 8) site, please indicate so. **ALL APPLICANTS MUST BE A LEGAL PUBLIC HOUSING OR HCVP RESIDENT IN ORDER TO PARTICIPATE IN THE DYB PROGRAM.** Also, please indicate in which Ward you live.
9. Please indicate if you have a relative working for the District of Columbia Housing Authority. You will also need to indicate what the relationship is to you (mother, father, aunt, etc.)
10. Fill in the name of the school you currently attend. If you're not in school, please list the reason why.
11. List the grade you are currently in (example, 10th Grade). Also, indicate if you are graduating from HIGH SCHOOL this year.
12. List your cumulative Grade Point Average (GPA) and provide a copy of your school transcript. Preference will be given to applicants who have a GPA of 2.0 or above. If you need assistance, please see your school guidance counselor.
13. Please detail your community service or volunteer activities on the attached form below.
14. Please indicate if you currently have a mentor or may be interested in being referred to an organization that may be able to connect you with a mentor.
15. In order to better assign you to a particular job site, you must list your top three choices of work experience (examples include accounting, fashion, retail and landscaping), as well as special talents and interests.

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APPLICATION INSTRUCTIONS CONTINUED

16. Please indicate if you have participated in the DYB Program previously and if you were terminated. If so, please provide an explanation.
17. Please indicate your preferred shirt, pants, and dress sizes as applicable.
18. If you need a foreign language translator, please contact ADA/504/Language Access Department at 202-535-2737 or ADA504@dchousing.org. Please allow at least 5 business days to make the necessary arrangements.

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Community Service/ Volunteer Activity Summary

DISTRICT OF COLUMBIA HOUSING AUTHORITY
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EMPLOYMENT APPLICATION

1. Name _____
First Last MI
2. Date of Birth _____ 3. Gender: ☐ Male ☐ Female
Month Day Year
4. Social Security # _____ 5. Home Phone # _____
Cell Phone # _____ Work Phone # _____
6. Address: _____
Street Apt. Number Zip Code
7. E-mail Address: _____ Twitter Username: _____
8. Where do you live? (Check **one**)
(You MUST be a legal public housing or HCVP participant in order to be eligible for this program)
☐ DCHA Property Name: _____
☐ Housing Choice Voucher Program HCVP (formerly Section 8)
In which Ward do you live? ☐ Ward 1 ☐ Ward 2 ☐ Ward 3 ☐ Ward 4 ☐ Ward 5 ☐ Ward 6
☐ Ward 7 ☐ Ward 8
9. Do you have a relatives working for the District of Columbia Housing Authority (including contract employment)? (Check one) ☐ Yes or ☐ No If **YES**, please provide their name(s) and relationship to you: _____
What is his/her relation to you (for example parent, aunt, etc.)? _____
10. Name of School you attend _____
If you don't attend school, please explain why: _____

11. Grade _____ Are you graduating from High School this year? _____
12. Grade Point Average: _____

13. Do you have a bank account? ☐ Yes or ☐ No **If YES**, please provide the bank name:

14. Please list extra-curricular activities that you are involved in at school or in your community (For example, a school club, sports team, etc.):
1. _____
 2. _____
 3. _____
15. Do you have a mentor? ☐ Yes or ☐ No
- If YES, through what agency or organization? _____
- If you do not have a mentor, are you interested in having a one? ☐ Yes or ☐ No
16. If you are selected as a participant, what type of job experience are you interested in? (list your top three choices)
1. _____
 2. _____
 3. _____
17. Please indicate special talent/interest. ☐ Poetry ☐ Acting ☐ Art ☐ Dance/Step ☐ Singing **Other:**
18. Have you ever been a participant in the DYB Program? ☐ Yes or ☐ No If so, what year(s)?
_____ Were you terminated from the program? ☐ Yes or ☐ No
19. What is your preferred T-Shirt or Polo Shirt Size (circle ONE):
- XS S M L XL XXL XXXL Other: _____**
20. If you need a foreign language translator, please contact ADA/504/Language Access Department at 202-535-2737 or ADA504@dchousing.org. Please allow at least 5 business days to make the necessary arrangements.



District of Columbia Housing Authority

1133 North Capitol Street, NE Washington, DC 20002-7599
(202) 535-1000

Tyrone Garrett, Executive Director

DO YOUR B.E.S.T. SUMMER YOUTH EMPLOYMENT PROGRAM

2020 Emergency Contact Form

Participant Name	SSN	DOB
Home Address	Phone No. (h) (c)	Age

Insurance Information

Company:	Policy #:	ID #:
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----- IN CASE OF AN EMERGENCY PLEASE NOTIFY -----

1 st choice	2 nd choice
Name	Name
Relationship	Relationship
Home Address	Home Address
Phone (H) (C) (W)	Phone (H) (C) (W)

Describe any special medical or personal information you want an emergency care provider to know.

Allergies	
Medications	
Dietary Needs	



District of Columbia Housing Authority

1133 North Capitol Street, NE Washington, DC 20002-7599
(202) 535-1000

Tyrone Garrett, Executive Director

Certification & Consent Form

Date: _____

Applicant's Name: _____

Applicant's Social Security Number -----

Applicant Certification

I, hereby certify that the information I provide during the application process is true and accurate to the best of my knowledge. I understand that the information I have provided is subject to review and verification and that I may be required to provide additional documents. I understand that I am subject to immediate termination if found ineligible after the selection process due to document falsification. I further understand that applying does not guarantee placement in the **2020 Do Your B.E.S.T. Summer Youth Employment Program**.

Applicant's Signature

Date

Parent/Guardian's Certification & Consent (for applicants under age 18)

I, _____, the parent or guardian of the minor applicant, whose name appears above, hereby give my consent to his/her participation in the **2020 Do Your B.E.S.T. Summer Youth Employment Program** administered by the District of Columbia Housing Authority. I also certify that the information provided during the application process is true and accurate to the best of my knowledge.

Parent/Guardian's Signature

Date