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

APPLICATION CHECKLIST

Last Name: ___________ First Name: _______________

<table>
<thead>
<tr>
<th>Completed &amp; Enclosed</th>
<th>Office Use Only</th>
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<tbody>
<tr>
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<tr>
<td>COMPLETED APPLICATION</td>
<td></td>
</tr>
<tr>
<td>PROOF OF AGE (State Issued Identification) COPY OF SOCIAL SECURITY CARD SCHOOL</td>
<td></td>
</tr>
<tr>
<td>TRANSCRIPT</td>
<td></td>
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<tr>
<td>COPY OF RESUME`</td>
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<tr>
<td>EMERGENCY CONTACT FORM (this form is included in the application package)</td>
<td></td>
</tr>
<tr>
<td>CERTIFICATION AND CONSENT FORM (this form is included in the application package and must be signed by a parent or guardian)</td>
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FOR ORS OFFICE USE ONLY

Date returned: ________________

Time returned: ________________

Received by: ________________
DISTRICT OF COLUMBIA HOUSING AUTHORITY
DO YOUR B.E.S.T. SUMMER YOUTH EMPLOYMENT PROGRAM

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

Community Service/ Volunteer Activity Summary

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
DISTRICT OF COLUMBIA HOUSING AUTHORITY
DO YOUR B.E.S.T. SUMMER YOUTH EMPLOYMENT PROGRAM

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

2020 Emergency Contact Form

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>SSN</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>Phone No. (h)</td>
<td>Age</td>
</tr>
<tr>
<td>(c)</td>
<td></td>
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Insurance Information

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<tr>
<th>Company:</th>
<th>Policy #:</th>
<th>ID #:</th>
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-------- IN CASE OF AN EMERGENCY PLEASE NOTIFY --------

<table>
<thead>
<tr>
<th>1st choice</th>
<th>2nd choice</th>
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<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Relationship</td>
<td>Relationship</td>
</tr>
<tr>
<td>Home Address</td>
<td>Home Address</td>
</tr>
<tr>
<td>Phone (H) (C)</td>
<td>Phone (H) (C)</td>
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<tr>
<td>(W)</td>
<td>(W)</td>
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</table>

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

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<tr>
<th>Allergies</th>
<th>Medications</th>
<th>Dietary Needs</th>
</tr>
</thead>
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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 __________________