

**THE
DISTRICT OF COLUMBIA
HOUSING AUTHORITY**



DO YOUR B.E.S.T.

**SUMMER YOUTH
EMPLOYMENT PROGRAM**

**APPLICATION PACKAGE
SUMMER 2019**

**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 24, 2019**). Applicants who are 18 years of age are eligible to participate only if they do **NOT** turn 19 years old during the program (**June 24, 2019 – August 16, 2019**).
- Submit completed application package by or before **Monday, April 15th, 2019**. 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, as applicable.
- 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, NE
Washington, DC 20002**

**DISTRICT OF COLUMBIA HOUSING AUTHORITY
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 require a reasonable accommodation, please contact the DCHA 504/ADA Office at 202-535-2737 or ada504@dchousing.org.

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 require a reasonable accommodation, please contact the DCHA 504/ADA Office at 202-535-2737 or ada504@dchousing.org.



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 **2019 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 **2019 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