

**THE  
DISTRICT OF COLUMBIA  
HOUSING AUTHORITY**



**DO YOUR B.E.S.T.**

**SUMMER YOUTH  
EMPLOYMENT PROGRAM**

**APPLICATION PACKAGE  
SUMMER 2022**



Brenda Donald, Executive Director

**DISTRICT OF COLUMBIA HOUSING AUTHORITY**  
**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# \_\_\_\_\_
- E-mail Address:** \_\_\_\_\_
6. Address: \_\_\_\_\_  
Street Apt. Number Zip Code
7. 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
8. 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.)? \_\_\_\_\_
9. Name of School you attend: \_\_\_\_\_  
If you don't attend school, please explain why: \_\_\_\_\_
10. Grade \_\_\_\_\_ Are you graduating from High School this year? \_\_\_\_\_
11. Grade Point Average: \_\_\_\_\_



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

\_\_\_\_\_

13. 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. \_\_\_\_\_

14. 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

15. 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

16. If you require a reasonable accommodation, please contact the DCHA 504/ADA Office at 202-535-2737 or [ada504@dchousing.org](mailto:ada504@dchousing.org).



Brenda Donald, Executive Director

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

### **2022 Emergency Contact Form**

<b>Participant Name</b>	<b>SSN</b>	<b>DOB</b>
<b>Home Address</b>	<b>Phone No.</b> (h) (c)	<b>Age</b>

#### **Insurance Information**

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

<b>1<sup>st</sup> choice</b>	<b>2<sup>nd</sup> choice</b>
<b>Name</b>	<b>Name</b>
<b>Relationship</b>	<b>Relationship</b>
<b>Home Address</b>	<b>Home Address</b>
<b>Phone</b> (H) (C) (W)	<b>Phone</b> (H) (C) (W)

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


<b>Allergies</b>	
<b>Medications</b>	
<b>Dietary Needs</b>	



## **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 **2022 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 **2022 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