

# Portland Youth Services 2010 Summer Community Life Skills Program

**PORTLAND YOUTH SERVICES (PYS)** is sponsoring a Nineteenth season of its Community Life Skills program for Portland adolescents attending either public or private schools. The eligible ages are 12 through 14 (entering the 7<sup>th</sup> or 9<sup>th</sup> Grade).

The program will provide instructional sessions on maintaining time cards, writing checks, balancing check books, filling out job applications, developing resumes, and more. Youth Services will be using the towns businesses as a resource for guest speakers. Mock job interviews will be conducted by local area executives. Youth Services will provide in-house jobs, allowing participants to have a chance at various work activities as well as working on community projects through out town. All activities will start at Youth Services 265 Main St. facility.

Because it is basically an instructional program, the life skills program pays a small stipend of \$38.25 per week for their first year and \$40.50 if returning for a second year of the program. For those that are eager and willing to learn and to work this is a great opportunity.

For the summer of 2010, the program will operate three groups of eight youth. The groups will meet on Tuesday, Wednesday and Thursdays as listed on the reverse side schedule. (Please make note of the Group Number and Date for your future reference.)

!-----PLEASE-CUT-ALONG-THIS-DIVIDE---RETURN-LOWER-PORTION---SAVE-UPPER-PORTION-----!

## PORTLAND YOUTH SERVICES Community Life Skills 2010

265 MAIN STREET;PORTLAND,CT 06480 TEL#860-342-6758

YOUTH'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

YOUTH'S SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME TEL.# \_\_\_\_\_

MOM'S WORK TEL.# \_\_\_\_\_ DAD'S WORK TEL.# \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

SCHOOL IN SEPT \_\_\_\_\_ GRADE \_\_\_\_\_

-THE FOLLOWING ARE FOR EMERGENCY USE; PLACE CHECK MARKS ( 4) WHERE NEEDED-  
CHILD'S/YOUTH'S HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE'S COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_  
AMERICAN CITIZEN ( ) NON-AMERICAN CITIZEN ( ) :  
CAUCASIAN ( ) AFRO ( ) NON-CAUCSN HISPANIC ( ) ASIAN ( ) NATIVE-AMERICAN ( ) PACIFIC  
ISLANDER ( ) NATIVE-ALASKAN ( ) IF OTHER, PLEASE STATE ( ) \_\_\_\_\_  
ARE THERE ANY SPECIAL MEDICAL NEEDS THAT COULD/SHOULD CONCERN PYS? \_\_\_\_\_  
IF YES, THEN PLEASE EXPLAIN ON SEPARATE WRITING PAPER. PLEASE DATE, SIGN, AND ATTACH.  
NAME OF FAMILY'S INSURANCE CO. & POLICY # \_\_\_\_\_

NAME OF CHILD'S/YOUTH'S PHYSICIAN \_\_\_\_\_ TEL.# \_\_\_\_\_

All eligible youngsters interested in the Life Skills Program should ask their parents to register them. They should complete both sides of the bottom portions. Applicants should choose one of the three groups that is beneficial for their families' summer schedule. The life skills **participant and parent** should then sign where appropriate and return the lower portions to Portland Youth Services Mailbox in the Town Hall, or by mail to P.O. Box 71, 33 E. Main Street; Portland, CT 06480.

All applicants will be notified by mail about their acceptance into the requested group, placement into another group with available space or placed on a waiting list. If all spots are filled, then the remaining names of applicants will be placed on the waiting list. (Names on the waiting-list will be called whenever the regular participants are absent, or are removed from the program, etc.)

**---SPACES ARE LIMITED---FIRST COME/FIRST SERVED!---  
DEADLINE FOR SIGN UP June 11, 2010  
**RETURN FORMS ONLY TO YOUTH SERVICES****

**Before the first date** of the applicants' participation in the life skills program, their **Medical Health Forms**, should be completed and signed by their licensed physicians; dated after August 2009; and **brought or mailed to Portland Youth Services, P.O. Box 71, Portland** Call Mary Pont at 342-6758 with any questions or e-mail: mpont@portlandct.org.

!- -----PLEASE-CUT-ALONG-THIS-DIVIDE---RETURN-LOWER-PORZION---SAVE-UPPER-PORZION-----

I give my son/daughter \_\_\_\_\_ permission to participate in Portland Youth Services Community Life Skills Program 2010.

In the event of a medical emergency, I do know that every effort will be made to contact me. However, if I can not be contacted, I give my permission to Portland Youth Services staff and or responding Emergency Medical Personnel to treat my child on scene and transport via ambulance or other appropriate means.

Choose one of the following groups that have been listed below, please list a 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice.

<b>July 6,7,8 &amp; July 13,14,15</b>	<b>July 20,21,22 &amp; July 27,28,29</b>
GROUP 1 / 12:00 NOON to 3:00 P.M.	Group 2/ 12:00 NOON to 3:00 P.M.
_____	_____
<b>Aug 3,4,5 &amp; August 10,11,12</b>	
GROUP 3/ 12:00 NOON .to 3:00 P.M.	
<b>Guardian Signature</b> _____	
<b>Job Bank Participant signature</b> _____	

**PLEASE NOTE: DURING THE COURSE OF THE PROGRAM YOUTH SERVICES STAFF MAY BE PHOTOGRAPHING YOUR CHILD FOR USE IN NEWSPAPERS OR DISPLAYS ABOUT OUR PROGRAMS. IF YOU DO NOT WANT YOUR CHILD PHOTOGRAPHED PLEASE PROVIDE A NOTE TO YOUTH SERVICES.**