

# 2017 Little Brook Youth Corps Program

If you have any questions, contact [LittleBrookYouthCorps@gmail.com](mailto:LittleBrookYouthCorps@gmail.com)

Please make sure that all sections of the application are complete. **A complete application must include:**

- 2017 LBYC Application filled out completely and to the best of your ability
- Applicant signature and parent/guardian signature (if applicant is under 18 years old)

**DATES:** Aug 19th – August 26th, 2017 & three days in late October (TBD)

**HOURS:** The program is distributed over a week in August & three days in October. Between August 19th and 26th, there will be one 2-hour classroom session (possibly in the evening), three full work days and mandatory attendance at a community Open House at Little Brook Park (Saturday, August 26th). In October (dates TBD, depending on weather), there will be one 2-hour classroom session (possibly in the evening), one and a half work days and mandatory attendance at a final planting celebration.

**STIPEND:** \$700.00 in two installments of \$350.00 (mailed 2 to 3 weeks after the last day of summer and fall periods). **Participants must complete minimum requirements** of 40 hours, attending the open house and final celebration and all other program expectations.

**WHERE:** **Lake City, Jackson Park Tutoring Center Meadowbrook Community Centers, & Little Brook Park:** Must provide own transportation to and from these designated meeting locations. Bus tokens are available— please contact us to request tokens. These meeting locations are where the team will gather even if there is a workshop or field trip off-site. Service hours may take place at various parks/facilities citywide.

**ELIGIBILITY:** Must be able to lift 30 pounds in order to do the restoration work needed for Little Brook Creek. Must have a **social security number or tax ID number** to receive the stipend. If you do not have either a SSN or tax ID number, you are still eligible to receive service learning hours for graduation requirements. Must **live within the Lake City neighborhood** (Lake City Hub Urban Village, and the Lake City neighborhoods of Cedar Park, Victory Heights, Meadowbrook, North Matthews Beach, Olympic Hills and Little Brook).

**Application Deadline: Monday, July 31st by 5 pm.**

Turn in applications to the **Meadowbrook Teen Center** (10750 30th Ave NE, Seattle, WA 98125) or the **Lake City Library** (12501 28th Ave NE, Seattle, WA 98125).

## CONTACT INFORMATION (REQUIRED)

Name: \_\_\_\_\_  
First Last Full Middle Name

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Pronouns: He:  She:  They:  Other: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

*RESPONSE QUESTIONS*

The following questions are **required** for your application. Feel free to use another piece of paper if necessary, but be sure to reference the question that you are answering.

1. What, if any, leadership roles have you held in clubs, groups or other kinds of organizations?

Club/Organization	Position	Dates Held

2. What experiences do you have working with others (i.e., school or community projects, sports, committees, etc.)?

Project/Committee/Sport	Dates Involved

3. What personal strengths do you bring to this program?

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4. What do you expect to gain from the LBYC Program? How will it help you grow as an individual?

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5. Please describe an experience where you faced and resolved conflict. Tell us what you did and what you learned.

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6. Lake City is full of people from different cultures. Do you think this is a challenge or a strength? Or both? Explain.

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7. If you could change something about the natural environment in Lake City, what would it be and why?

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8. Is there anything else that you would like to share about yourself with the LBYC program and/or what other interests in improving Lake City might you have (e.g., food bank, community outreach, organize sports activities)?

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**SIGNATURE OF PARTICIPANT AND GUARDIAN**

By signing below, you are stating that you have read all enclosed materials concerning the LBYC Program and that all statements you have made in the application are true to the best of your knowledge.

Signature of **Applicant**: \_\_\_\_\_

Printed Name of **Applicant**: \_\_\_\_\_

**Parental or guardian approval for applicants under 18 years of age**

I have read and understand the enclosed materials that describe the LBYC Program. I have discussed the program with my child and understand the expectations and authorize him/her/them to apply for and participate in the LBYC program.

I authorize the LBYC program to contact my child after the summer experience to see how the school year is going and if skills, knowledge, and attributes gained from his/her/their participation have been useful. Yes:  No:

Signature of **Parent/Guardian**: \_\_\_\_\_

Printed Name of **Parent/Guardian**: \_\_\_\_\_

**Emergency Contact Information** \_\_\_\_\_

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**We encourage you to make a copy of your application for your records before submitting.**

**Thank you for applying! We look forward to reading your application.**