

**SOMERVILLE YMCA**  
**Leader-In-Training (LIT) - Job Readiness Program**  
**2020-2021 APPLICATION FORM**

*Application can be dropped off at the Y or faxed to 617-628-2234 or e-mailed to  
modonnell@k12.somerville.ma.us*

Are you looking to get job training, develop leadership skills and do really fun team activities? The Somerville YMCA Leader-In-Training Job Readiness Program is designed for you! Youth ages 13-15 can gain valuable job training during one of two sessions this winter and early spring to prepare you for future employment/internship in a career area that interests you!

This program will help you get the skills you need for all kinds of youth job and intern opportunities.

If you successfully complete the requirements of the program: attending one (1) full 10-week program session, being on time to each program day, 100% participation in the program, you will receive a **\$200.00 stipend**. The YMCA LIT Job Readiness Program is a collaborative effort between the Somerville YMCA and the Somerville Community Youth Program (SCYP).

The YMCA-LIT Job Readiness Program has two, 10 week-sessions that will be available from January-March 2021 and March-June 2021. You can only participate in one of the 10-week sessions. The program will meet on Tuesday and Thursday Evenings from 5-7:30pm and will be located at the Somerville YMCA Youth Center. Transportation will **NOT** be provided to or from the program. Please choose which session you would prefer by selecting **one** of the following sessions below:

\_\_\_\_\_ **Session 1\*: January 5th to March 13<sup>th</sup>, 2021** (\*Program will not meet during the February Vacation week)

\_\_\_\_\_ **Session 2\*: March 29<sup>th</sup>-June 12<sup>th</sup>, 2021** (\*Program will not meet during the April Vacation week)

\_\_\_\_\_ **I can attend either Session-No Preference**

Now that you know about the program, let's find out about you. **Please fully answer the following questions:**

1. Why do you want to participate in the LIT Job Readiness Program?

2. What do you expect to get out of being in the Program?

**Somerville YMCA LIT Job Readiness Program  
Parent Authorization - Medical Consent - Liability Release**

Name of participant: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of parent or guardian completing release: \_\_\_\_\_  
(please print)

Address (if different from above): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact – Must Have Second Emergency Contact Information:**

Name of Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

As parent or guardian, I **authorize** \_\_\_\_\_ (child/ward) to participate in the Somerville YMCA LIT Program, a collaboration between the Somerville YMCA and the City of Somerville Community Youth Program (SCYP). By signing in the space below, I agree to release and hold harmless the Somerville YMCA and the SCYP from all liability and loss occurring in connection with my child/ward's participation in the LIT Program.

In the event that my child/ward becomes seriously ill or injured, I consent to the administration of emergency procedures/treatment upon advice general or specific supervision of an attending hospital physician. The emergency procedures/treatment may include, but are not limited to anesthesia, x-rays, medical or surgical diagnosis, etc. However, I understand that the staff of the YMCA will make every reasonable effort to contact and notify me, in the first instance, when such illness or injury occurs.

As described below, my child/ward has the following **medical conditions** and/or is taking the following **medications**; I understand that I am obligated to be forthcoming with this information and to update this information as needed. For additional room to write, use the back of this form.

Allergies to food, insects, and/or medications, or other: (if none, please write none)

\_\_\_\_\_

Circle all that apply and describe in detail: Asthma, Heart, Lungs, Epilepsy, Muscular/Bone Injuries, recent exposure to any contagious illnesses or diseases, or other: (if none, please write none)

\_\_\_\_\_

My child/ward is taking the following medications: (if none, please write none)

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date