

School Age & Youth Development Credential Application

Due Thursday, November 9, 2006

I. PERSONAL INFORMATION

Last Name: _____ First Name: _____ Date of Birth: ___/___/___

Address: _____ City: _____ State: ___ Zip: _____

Preferred Telephone: () _____ E-mail: _____

Gender: _____

What is your primary or first language? _____

What other language do you speak? _____

II. EMPLOYMENT INFORMATION

Employer: _____ Current Job Title: _____

The children you work with are: ___ 5 – 12 year old ___ 13-21 years old ___ 5-21 years old

The program you work in is a(n):

- | | |
|--|--|
| <input type="checkbox"/> State licensed after school program for children, aged 5-12 | <input type="checkbox"/> after school program for teens |
| <input type="checkbox"/> Other after school program for children, aged 5-12 | <input type="checkbox"/> after school program for children and teens |
| <input type="checkbox"/> Other (Please Specify): _____ | <input type="checkbox"/> public agency serving children and/or teens (DSS, DYS, DPH) |

How long have you been at your current position? _____ years _____ months

How long have you been working in the field of after school or youth work? _____ years _____ months

Are you also employed elsewhere? ___ No ___ Yes

If yes, who is your other employer(s)? _____

III. EDUCATION BACKGROUND

Check highest level completed:

- | | |
|--|--|
| <input type="checkbox"/> High School Graduate, GED, or equivalent | If currently enrolled, where: _____ |
| <input type="checkbox"/> Some college level work, not currently enrolled | <input type="checkbox"/> 2-year degree |
| <input type="checkbox"/> Some college level work, currently enrolled | <input type="checkbox"/> 4 year degree |
| <input type="checkbox"/> 2-year college degree | Bachelor Degree Major: _____ |
| <input type="checkbox"/> 4-year college degree (B.A.) | Master Degree Major: _____ |
| <input type="checkbox"/> Masters degree | Doctorate Degree Major: _____ |
| <input type="checkbox"/> Doctorate | |
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IV. TRAINING BACKGROUND

Approximate number of training hours completed in after school or youth work skills: _____
(include trainings provided by employer and training pursued individually)

List main topics of such training:

V. CERTIFICATION

I certify that all information pertaining to my application for the School Age & Youth Development credential is true and correct. I understand that providing false or misleading information is grounds for dismissal from the SAYD credential program and forfeiture of any benefits that I might otherwise receive for successfully completing the credential program.

Print your name: _____

Signature _____ Date _____

VI. YOUR INTEREST

On a separate piece of paper, please tell us briefly why you would like to participate in this pilot and obtain a SAYD certificate.

VII. SUBMITTING YOUR APPLICATION

Please attach to this form your answer to the question above and a completed organizational sponsorship form. You may submit your application by fax or mail to: Jennifer Della Croce, Boston After School & Beyond, 89 South Street, STE 402, Boston, MA 02111. Fax: 617-812-4693

Applications are due no later than Thursday, November 9, 2006

The School Age & Youth Development Credential Sponsorship Form

Copy this form onto your organization's stationary. It must be signed by your organization's executive director or other authorized agent.

This applicant, _____
applicant's name

is employed by _____
organization's name

and has its full support and sponsorship to participate in Achieve Boston's School Age & Youth Development (SAYD) pilot. I, the _____
title

of the above named organization, have read through the SAYD Organizational F.A.Q. and the candidate's application in full. I, or the staff person's supervisor, am prepared to support this applicant by meeting with him or her at least three times during the program to help incorporate lessons learned into our work environment. I also commit to pay this applicant a one time salary bonus of \$1,000 (matched by an additional \$1,000 from the SAYD budget). I will pay half of this bonus upon the applicant's successful completion of the School Age & Youth Development credential, so long as the applicant is employed at the above named organization at the time. I will pay the other half of the bonus six months later, so long as the applicant is still employed at the above named organization.

Signed: _____ Name printed: _____

Organization: _____

Title: _____

Phone: _____ Email: _____