



LA CONSERVATION CORPS

## Clean & Green Application

**Please do not use white-out. Applications with white-out will NOT be processed.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>TELL US ABOUT YOURSELF:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| Home Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Cell Phone                                                                                               | Date of Birth<br>(month/day/year)                                                                                                                           | Age                                                                                                                                                                            | Social Security No.                                                                                | Date                                                                               |
| Last Name, First Name, Middle Initial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          | Present Address (Name and Street)                                                                                                                           | City                                                                                                                                                                           | State                                                                                              | Zip Code                                                                           |
| <b>Race:</b><br><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> Asian <input type="checkbox"/> White<br><input type="checkbox"/> Black or African American <input type="checkbox"/> Other _____                                                                                                                                                                                                              |                                                                                                          |                                                                                                                                                             | <b>Ethnicity:</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino                                                            |                                                                                                    | <b>Gender:</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| <b>EDUCATION AND EMPLOYMENT HISTORY:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| <b>Current Grade Level:</b><br><input type="checkbox"/> 8th <input type="checkbox"/> 11th<br><input type="checkbox"/> 9th <input type="checkbox"/> 12th<br><input type="checkbox"/> 10th <input type="checkbox"/> High School Graduate                                                                                                                                                                                                                                                                                |                                                                                                          | <b>Independent Studies:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                  | <b>School Track:</b><br><input type="checkbox"/> A <input type="checkbox"/> D<br><input type="checkbox"/> B <input type="checkbox"/> Traditional<br><input type="checkbox"/> C | <b>School Attending</b>                                                                            |                                                                                    |
| <b>Employment History:</b><br><input type="checkbox"/> Previously Employed<br><input type="checkbox"/> Never Been Employed                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          | <b>Employment Status:</b><br><input type="checkbox"/> New applicant<br><input type="checkbox"/> Re-hire                                                     | <b>If you are a rehire, when did you first apply to Clean &amp; Green?</b><br>Month/Day/Year ____/____/____                                                                    |                                                                                                    |                                                                                    |
| <b>PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| Parent or Guardian (Name and Relationship):                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                                                                                                                                             | Parent/Guardian Home Phone:                                                                                                                                                    | Parent/Guardian Work Phone:                                                                        |                                                                                    |
| In Case of Emergency, please contact (Name and Relationship):                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |                                                                                                                                                             | Emergency Contact Home Phone:                                                                                                                                                  | Emergency Contact Work Ph.:                                                                        |                                                                                    |
| <b>DEMOGRAPHIC INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Applicants are required to furnish proof of identity and legal work authorization prior to hire)                                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| <b>Selective Service Registrant (Military):</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Probation:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                            | <b>Disabled:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                | <b>Pregnant or Parenting Youth:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                | <b>Homeless:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                       |                                                                                    |
| <b>Foster Youth:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Receiving School Lunch:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No               | <b>Family Receiving Food Stamps:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                            | <b>Family TANF (Temporary Aid for Needy Families):</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                             | <b>Family GA (General Assistance):</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                    |
| <b>Family SSI (Supplemental Security Income):</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Family RCA (Refugee Cash Assistance):</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Family Composition:</b><br><input type="checkbox"/> Single Parent <input type="checkbox"/> Two-Parent Family <input type="checkbox"/> Adult, no children |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the LA Conservation Corps. I understand that completion of this application does not guarantee my selection into the Clean & Green Program.<br>Signature of Applicant _____ Date _____                                                                                                                                                    |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| <b>PARENTAL PERMISSION &amp; MEDICAL CONSENT (REQUIRED FOR ALL APPLICANTS BETWEEN 14 &amp; 17 YEARS OLD)</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| <b>MEDICAL INFORMATION:</b> Does your child have allergies or any medical conditions that may limit or restrict their work activities, or which should be known about in an emergency?    No <input type="checkbox"/> Yes <input type="checkbox"/> (If marked yes, please describe condition *)                                                                                                                                                                                                                       |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| Date of last Tetanus shot: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| I hereby grant the LA Conservation Corps permission to use my child's likeness in photograph(s)/video in any and all kinds of its publications, promotional materials or on the Internet, without any further authorization, now or in the future, in perpetuity. I will make no monetary or other claim against the Los Angeles Conservation Corps for the use of the photograph(s)/video.<br>Please circle one:    YES / NO<br>Signature of Parent or Guardian: _____ Witness: _____ Date: _____                    |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| I have read the Clean & Green program information and understand that it includes outdoor work requiring physical labor. I hereby grant permission for my son or daughter to participate in all program activities, including transportation to sites in the Greater Los Angeles area. I hereby authorize and request that emergency medical treatment be performed as required.<br>Signature of Parent or Guardian _____ Date _____                                                                                  |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| *The LA Conservation Corps is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex age, national origin, disability, veteran status, or any other classification protected by Federal, state or local law. The information in this box will be used only in the compilation of data for Equal Employment Opportunity reporting. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment if hired. |                                                                                                          |                                                                                                                                                             |                                                                                                                                                                                |                                                                                                    |                                                                                    |
| <b>Office use only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>CIPA #</b>                                                                                            | <b>CD#</b>                                                                                                                                                  |                                                                                                                                                                                | <b>Date Received</b>                                                                               |                                                                                    |

