



2016 INFORMATION & APPLICATION

● ● ● APPLICATION DEADLINES ● ● ●

Monday, March 21, 2016 – Community Supervision Agencies
Thursday, March 31, 2016 – General Public

● ● ● PROGRAM DESCRIPTION ● ● ●

The Savannah Pre-Apprentice Program provides academic assistance, life skills development, and job skills training to City of Savannah and Chatham County youth 14 - 17 years old through a seven week program. The program incorporates the apprenticeship concept of hands-on training, mentorship and academic instruction.

ACADEMIC: Participants will work with a certified math teacher on basic math and with a certified English Language Arts/Reading teacher. Both instructors will be hired for eight weeks. Pre and post testing to measure literacy and numeracy gains in reading and math will be facilitated by trained test administrators using the TABE test, a widely used, comprehensive and reliable basic academic skills test.

LIFE SKILLS: Participants will attend sessions on life skills development to include conflict resolution, time management, leadership, personal health and wellness and financial management. Participants will also visit cultural institutions including museums and theaters.

JOB SKILLS: Participants will complete courses in job readiness, job safety, CPR, and Pre-Apprenticeship Certificate Training (PACT) in landscaping or painting & finishing sponsored by the National Association of Home Builders - Home Builder Institute's (HBI).

FINANCIAL BENEFITS: Participants will earn \$7.25 per hour for all training and work hours completed. They will receive financial literacy training and be encouraged to establish a personal savings account through a local credit union or bank.

PROGRAM CRITERIA CHECK LIST

Students referred to the 2016 Savannah Pre-Apprentice Program must meet the following criteria and provide the following:

- Be a City of Savannah or Chatham County Resident
- Most Recent Report Card (if applicable)
- Be Between the Ages of 14- 17 Years Old
- Submit Required Documents (See Below)

COLUMN A (Must have 1 from each column)		COLUMN B (Must have 1 from each column)
<input type="checkbox"/> GA State ID (Valid)	<input type="checkbox"/> School ID (current school year)	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> GA Driver's License (Valid)	<input type="checkbox"/> Recent Report Card	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Military Dependent ID		

FOR APPLICATION ASSISTANCE CONTACT YOUR COMMUNITY SUPERVISION AGENCY OR SAVANNAH IMPACT PROGRAM
1700 DRAYTON STREET | 912.651.4350 -- TOISAUN DENSON (ext. 2950) | DELEAH BLAKE (ext. 2924)
Applications May Be Picked Up At Any Savannah Chatham Metropolitan Police Department Precinct.

2016 SAVANNAH PRE-APPRENTICE PROGRAM APPLICATION

(A): APPLICANT INFORMATION

(Please Print Legibly)

Last Name: _____ First Name: _____ MI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ E-mail: _____
 Age: _____ Date of Birth: _____ Gender: Male Female Height: _____ Weight: _____ Shirt Size _____

Race: (Federally Identified Categories)

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> American Indian/Alaskan Native & African American
<input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Asian
<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Other Multiracial
<input type="checkbox"/> White/Caucasian |
|--|--|--|

Are you of Hispanic ethnicity Yes No Primary language? English Spanish Other

(B): PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ MI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ E-mail: _____

(C): EDUCATION

[Parent Initials: ___]

In School Out of School

Name of Most Recent School: _____ Last Grade Completed: _____

(D): EMERGENCY CONTACT INFORMATION

[Parent Initials: ___]

Emergency Contact Name: _____ Relationship: _____
 Day phone: _____ Cell phone: _____

Notice: Youth who become ill with any contagious condition will not be allowed to attend programs. Program staff is prohibited from administering any medications; this is solely the responsibility of parents/guardians or appropriate medical personnel.

OFFICE USE ONLY:

Name of Referring Agency:	Probation Officer (PO) Name:
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PO Office Contact Number:	PO Cell Number:	PO Email Address:
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DRUG SCREENS:

#1: <input type="checkbox"/> Neg <input type="checkbox"/> Pos	Date: _____	Agency: _____	By: _____
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#2: <input type="checkbox"/> Neg <input type="checkbox"/> Pos	Date: _____	Agency: _____	By: _____
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#3: <input type="checkbox"/> Neg <input type="checkbox"/> Pos	Date: _____	Agency: _____	By: _____
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