



COUNTY OF LOS ANGELES
DEPARTMENT OF PARKS AND RECREATION
YOUTH EMPLOYMENT PROGRAM



**VERIFICATION OF PARTICIPATION
IN AT-RISK YOUTH PROGRAM**

THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION
or within 15 calendar days from the date of application

NOTE: Original, complete form may be requested at any time.

Candidates also have the option to submit a **Letter of Verification** indicating participation in either **Independent Living Program** or **Cal Learn Program** administered by the County of Los Angeles Departments of Children and Family Services, Probation, or Public Social Services. **This letter must also be submitted with application or within 15 calendar days from the date of application.**

MINIMUM PROGRAM QUALIFICATIONS

Minimum Program Qualifications:

- Resident of Los Angeles County
- U.S. Citizen *or* non-citizen eligible to work for Los Angeles County
- Age 14 - 24 years old, by May 31, 2016.
- Identified as at-risk youth** and referred for employment by Los Angeles County's DCFS, DCSS, DPSS or Probation Department, other state or local government with similar programs for at-risk youth, or a school district, community college district or other bona fide educational institution. **VERIFICATIONS MADE BY DEPARTMENT OF PARKS AND RECREATION EMPLOYEES WILL NOT BE ACCEPTED**

****Definition of at-risk youth:** An individual is considered to be an at-risk youth for the purposes of Proposition A (Safe Neighborhood Parks Proposition of 1992 and 1996) if he/she is between 14 and 24 years of age and meets the following definition: Any individual who is involved in or is at risk of involvement in any of the following: *drug and/or alcohol abuse, adolescent pregnancy, single parenthood, physical and/or emotional abuse, gang activity, violence and vandalism, poverty, family unemployment, truancy, and academic performance below grade level, or failing to complete high school.*

VERIFYING ORGANIZATION

I certify that the below named individual has been identified as an At-Risk Youth, meeting the minimum qualifications as described above, for the Los Angeles County-Department of Parks and Recreation, and has participated in an at-risk youth program.

AGENCY NAME:		PROGRAM NAME:		DATES OF PARTICIPATION From: To:	
ADDRESS:			CITY:		STATE: ZIP CODE:
REPRESENTATIVE NAME (Print):			TITLE:		
REPRESENTATIVE SIGNATURE:			DATE:	TELEPHONE:	

QUALIFYING AT-RISK STATUS (*Circle All that Apply*)
Foster, Emancipated, Probation, Drug Abuse, Alcohol Abuse, Adolescent Pregnancy, Abused, Gang Activity, Vandalism, Violence, Poverty, Single Parenthood, Family Unemployment, Truancy, Poor Academic Performance, Did Not Complete High School, Other _____

YOUTH INFORMATION

FIRST NAME:		M.I.:	LAST NAME:		
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		AGE:	DATE OF BIRTH:		
ADDRESS:			CITY:		STATE: ZIP CODE:
TELEPHONE:			ALTERNATE TELEPHONE:		