



SUCCESS FOR BUSINESS, JOBS FOR YOUTH

221 Main Street, Suite 300
San Francisco, CA 94105
www.matchbridge.org
(415) 861-5627

YOUTH MEMBERSHIP APPLICATION

APPLICANT NAME: _____

PHONE NUMBER: () _____ - _____ | EMAIL: _____

REFERRED BY: _____

PHONE NUMBER: () _____ - _____ | EMAIL: _____

DATE OF SUBMISSION: _____

MATCHBRIDGE MEMBERSHIP APPLICATION CHECKLIST

- COMPLETED MATCHBRIDGE APPLICATION
- RESUME
- COPY OF CA ID (IDENTIFICATION CARD OR DRIVER'S LICENSE) AND SOCIAL SECURITY CARD

Contact Information						
First Name		Middle Initial	Last Name			
Title: Miss Ms. Mrs. Mr.	DOB:		SSN:		Age:	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:					Apt #:	
City:		State:			Zip:	
Home Phone:		Cell Phone:				
Email Address:						
Availability—Please list your hours of availability for each day below (e.g. 8am-11am, or 4 pm-10pm)						
	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
AM						
PM						
Minimum hrs/wk available: _____			Maximum hrs/wk available: _____			
When is the next time your schedule is likely to change?						
Type of Position						
What type of position are you looking for? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Internship						
Employment Eligibility						
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Education and Work Readiness Preparation						
School	Name and Location of School		No. of Years	Did you Graduate?	Degree or Diploma	
High School						
College/University						
Other						
Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which:			List all computer applications you can use independently.			
Is this your home language? <input type="checkbox"/> Yes <input type="checkbox"/> No						
How Did you Hear About MatchBridge?						
<input type="checkbox"/> Referred by non-profit Which one? _____			<input type="checkbox"/> Referred by school Which one? _____			
<input type="checkbox"/> Online			<input type="checkbox"/> Other (please specify) _____			

Work and Volunteer Experience (List most recent first)

Employer Name	Your Position	Reason for Leaving
Address	Responsibilities	Ending Salary
From	To	Supervisor's Name
		Phone Number

Employer Name	Your Position	Reason for Leaving
Address	Responsibilities	Ending Salary
From	To	Supervisor's Name
		Phone Number

Employer Name	Your Position	Reason for Leaving
Address	Responsibilities	Ending Salary
From	To	Supervisor's Name
		Phone Number

Professional or Personal References

Name	Relationship	Telephone Number ()
Name	Relationship	Telephone Number ()
Name	Relationship	Telephone Number ()

Acknowledgement and Signature

By signing below, I declare that the information contained in this application is true and correct to the best of my knowledge.

Applicant's Signature

Date

DEMOGRAPHIC INFORMATION

MatchBridge strongly encourages our youth applicants to submit the requested demographic information. Capturing this information helps MatchBridge to improve its Youth Employment Program services. This information will not have any effect on the status of your application, nor will it be shared with MatchBridge employers.

I have elected not to provide demographic information to MatchBridge. I understand that this decision in no way affects my application for membership. (Initial)_____

Housing and Financial Information		
Who do you live with? <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster home <input type="checkbox"/> Group home <input type="checkbox"/> Independently <input type="checkbox"/> Other_____	Family Size:_____ Family income, including youth: <input type="checkbox"/> \$0-\$30,000 <input type="checkbox"/> \$31,000-\$50,000 <input type="checkbox"/> \$51,000-\$70,000 <input type="checkbox"/> \$71,000 + <input type="checkbox"/> I don't know	Income source: <input type="checkbox"/> Part-time employment <input type="checkbox"/> Full-time employment <input type="checkbox"/> TANF <input type="checkbox"/> Disability/SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> Public Housing <input type="checkbox"/> I don't know
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Working Adults How many working adults are in the family?	Do you contribute to the family's income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity (Check one)		
<input type="checkbox"/> African American/Black <input type="checkbox"/> Other Black (please specify below) <input type="checkbox"/> Asian – Chinese <input type="checkbox"/> Asian – Filipino <input type="checkbox"/> Asian – Indian <input type="checkbox"/> Asian – Japanese <input type="checkbox"/> Asian – Laotian <input type="checkbox"/> Asian – Thai <input type="checkbox"/> Asian – Vietnamese <input type="checkbox"/> Asian - Other (please specify below) <input type="checkbox"/> Pacific Islander – Guamanian <input type="checkbox"/> Pacific Islander – Hawaiian <input type="checkbox"/> Pacific Islander – Tongan <input type="checkbox"/> Pacific Islander – Samoan <input type="checkbox"/> Pacific Islander - Other (please specify below)	<input type="checkbox"/> Hispanic/Latino - Mexican/Mexican American <input type="checkbox"/> Hispanic/Latino - Central American <input type="checkbox"/> Hispanic/Latino - South American <input type="checkbox"/> Hispanic/Latino – Caribbean <input type="checkbox"/> Hispanic/Latino - Other (please specify below) <input type="checkbox"/> Middle Eastern – Iranian <input type="checkbox"/> Middle Eastern – Arab <input type="checkbox"/> Middle Eastern - Other (please specify below) <input type="checkbox"/> Native American <input type="checkbox"/> Native Alaskan <input type="checkbox"/> White/European American <input type="checkbox"/> Other White (please specify below) <input type="checkbox"/> Multiracial/Multi Ethnic <input type="checkbox"/> Decline to state <input type="checkbox"/> Other: _____	
Barriers to Employment (this will NOT affect your application)		
<input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> Homeless <input type="checkbox"/> Foster youth/Former foster youth <input type="checkbox"/> Involved with Juvenile Justice System <input type="checkbox"/> Criminal background (18 +) <input type="checkbox"/> Learning disability	<input type="checkbox"/> Physical disability <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other_____	<input type="checkbox"/> Decline to state <input type="checkbox"/> No high school diploma/GED

Getting to Know You Short Answer Questions

How do you think MatchBridge will help you with your job search?

Why should an employer hire you?

Describe a difficult challenge you have had at school or work. How were you able to resolve the situation?

Steps to become a MatchBridge Member

Step 1: Complete this application packet

Step 2: Attend Monthly New Member Screening Event

Go to www.matchbridge.org to RSVP

Step 3: Attend New Member Orientation

Contact Information:

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United Way of the Bay Area



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