



Andover, Hebron, Marlborough Youth and Family Services, Inc.  
25 Pendleton Drive, Hebron, CT 06248  
Phone (860) 228-9488 • Fax (860) 228-1213

Website: [www.ahmyouth.org](http://www.ahmyouth.org)

## Chores Program - Student Enrollment Form

Date of Application: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age (must be at least 15 years old): \_\_\_\_\_

Current Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

Student Address: \_\_\_\_\_

Email address to be contacted: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

**Student** - Best phone number to be reached during weekday hours (M-F 9-4): \_\_\_\_\_

**Student** - Best phone number to be reached after 4 PM & on weekend: \_\_\_\_\_

Parent(s)' or Guardian's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Parent Telephone Number: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address of Parent: \_\_\_\_\_

Please list types of work you cannot perform and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The following documents must be submitted with this application in order to be considered for employment. Please attach:**

1. Copy of your Social Security Card \_\_\_\_\_
2. Student Picture ID: \_\_\_\_\_
3. Copy of a Completed W-9 Form \_\_\_\_\_ → Link to W-9 Form <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
4. A Chores Program Tee Shirt will be given to the student based on positive feedback from the assigned Senior Citizen. Call to make arrangements.

Received by: \_\_\_\_\_ Dated: \_\_\_\_\_

Name of AHM Staff :

**I, signature of parent, agree to allow my son or daughter, \_\_\_\_\_  
to participate in the AHM Senior Services Chores Program.**

- I understand that my child will be working for a senior citizen in their private home.
- I understand that my child may be contacting the senior citizen to discuss work.
- I understand my child's rate of pay will be **\$10.10 per hour**.
- I understand that my child will be doing light housework, light yard work and assisting with tasks such as the computer or correspondence. I further understand that my child will not be performing any personal care (i.e. no "hands on care").
- I agree that I will be able to transport my child to and from his/her "worksite."
- I understand that my child will be able to contact Kate Graham, Chores Program Coordinator regarding any questions or concerns.
- I agree to meet the senior citizen for whom my child will be working during their first visit.
- My child will call their senior citizen if he/she is unable to work on their appointed day.

**I, the student, \_\_\_\_\_ agree to participate and follow all the  
rules and guidelines of this program. I will communicate with Mrs. Graham on all matter  
concerning my assigned work.**

➤ My son or daughter has the following medical issues:

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photograph Permission**

I, \_\_\_\_\_ do/do not give permission to have any photographs taken of my son  
or daughter \_\_\_\_\_ for use in the CHORES program to be submitted to  
newspapers/magazines/AHM social media.

### **Demographics**

**(This information is collected for statistical/funding purposes to secure future funding for AHM  
Programs and is confidential)**

1. Household: (Please check who child lives with):  
 Two Birth/Adoptive Parents  Single Parent(F)  Single Parent (M)  Step+Birth Parent  
 Joint Custody  Relative  DCF Guardianship  Grandparents
2. Race:  
 Alaskan/ Native American  Asian  
 Caucasian  Black/African American  
 Hispanic  Multi-racial  
 Hawaiian/ Pacific Islander  Other