



CHOREs PROGRAM

TEEN APPLICATION

TEEN INFORMATION

Name _____ How do you identify? _____
Age (must be 14-18 yrs old) _____ Date of Birth _____
School _____ Grade _____
Address _____ City, State, Zip _____
Email _____ Cell Phone _____

TEEN AGREEMENT

I have read the **CHORES Teen Agreement** and agree to participate in the AHM CHORES Program.

Print Name _____ Signature _____
Date _____

PARENT / GUARDIAN INFORMATION

Name _____ Home Phone _____
Address _____ City, State, Zip _____
Email _____ Cell Phone _____

Does your teen have any physical limitations? No Yes
If yes, please explain _____

I, DO DO NOT allow the CHORES Coordinator to contact my teen directly through email, cell phone and/or the BAND App about the CHORES Program and job opportunities. If NOT ALLOWED, please let who may be contacted:

Name _____ Home Phone _____
Address _____ City, State, Zip _____
Email _____ Cell Phone _____



25 Pendleton Drive | Hebron, CT 06248
(860) 228-9488 Ext. 12, CHORES Coordinator
jenniferb@ahmyouth.org
www.ahmyouth.org

Please read through each bulleted item and initial if you are in agreement. Contact the CHOREs Coordinator if you have any questions.

PARENT / GUARDIAN AGREEMENT

I understand:

- My teen will be doing chores for a senior citizen in their home or in their yard. ____
- My teen's contracted rate will be \$12.00 per hour. ____
- My teen will not be performing any personal care. ____
- My teen will be responsible for finding their own transportation to the senior's home. ____
- My teen will contact the CHOREs Coordinator via email, phone, or the BAND App, unless not allowed and then that noted person will be contacted instead >>>>
- I will meet my teen's senior on their first job. ____
- It is my teen's responsibility to find a replacement if they are not able to keep the job commitment by using a network of fellow approved CHOREs workers; always keeping the CHOREs Coordinator in the loop. ____

I, ____agree ____don't agree to allow my son/daughter to participate in the AHM CHOREs Program.

i, ____do ____ do not give permission for my teen to be photographed for use in AHM social media, newspaper articles, newsletters or brochures.

Print Name _____ Signature _____

Date _____

! DOCUMENTS TO BE INCLUDED WITH THIS APPLICATION

- Copy of teen's Social Security Card Copy of completed W-9
- Copy of teen's picture ID
- If your teen is 16+ years old, Working Papers are required by law.
The CHOREs Coordinator will email you further instructions

DEMOGRAPHICS

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

Household where teen lives: two birth parents grandparents relative
 DCF guardianship two birth adoptive parents step birth parent
 single parent (M) single parent (F) joint custody

Race: Hispanic Alaskan/Native American Multi-racial Asian Other
 Caucasian Hawaiian/Pacific Islander Black/African American



25 Pendleton Drive | Hebron, CT 06248
(860) 228-9488 Ext. 12, CHOREs Coordinator
jenniferb@ahmyouth.org
www.ahmyouth.org