



TASKS 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 **TASKs Teen Agreement** and agree to participate in the AHM TASKs 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 TASKs Coordinator to contact my teen directly through the BAND App about the TASKs Program and job opportunities. If NOT ALLOWED, let AHM know who may be contacted:

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

Please read through each bulleted item and initial if you are in agreement. Contact the TASKs 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 \$13.00 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 TASKs 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 TASKs workers; always keeping the TASKs Coordinator in the loop. ____

I, ____ agree ____ don't agree to allow my son/daughter to participate in the AHM TASKs 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 TASKs 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 were 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