



# 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 CHORES Coordinator  
[www.ahmyouth.org](http://www.ahmyouth.org)

YOUTH & FAMILY SERVICES, INC.

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 \$15.69 per hour effective January 1st, 2024. \_\_\_\_
- 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



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