



# 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 \$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 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