

# PDX Youth@SummerWorks 2021: Paper Application PAGE 1 OF 2

Welcome to PDX Youth@SummerWorks! PDX youth@SummerWorks is a paid summer internship program. Completing this application is the first step in getting a summer internship through the program. All information submitted is kept confidential and only used by authorized program staff to provide services, track participation and report outcomes to funders.

<b>LEGAL FIRST NAME*</b>		<b>MI</b>	<b>LEGAL LAST NAME*</b>
<b>PREFERRED NAME</b>		<b>AGE</b>	<b>BIRTH DATE (DD/MM/YYYY)*</b>
<b>GENDER*</b>		<b>PRONOUNS</b>	
<input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Male <input type="checkbox"/> I choose not to disclose.			
<i>TIP: Please select the gender listed on your identification. We ask this information to fulfill the reporting requirements of our funders.</i>		<i>TIP: Enter your personal pronoun preferences. This helps us use the most respectful language when addressing you. Some options are She/Her/Hers, He/Him/His, They/Them/Theirs, Ze/Hir/Hirs, and Ey/Em/Eirs.</i>	
<b>SOCIAL SECURITY NUMBER</b>		<b>EMAIL ADDRESS*</b>	
<small>(Leave blank if choosing not to disclose or if unsure of number; do not enter a false number.)</small>			
<i>TIP: Providing your Social Security Number (SSN) is optional for this application. You will be required to provide your SSN later if you're matched with an internship. Providing it now will help us figure out if you've been in our programs before.</i>			
<b>ADDRESS*</b>		<b>APT #</b>	<b>CITY*</b>
<b>COUNTY*</b>		<b>STATE*</b>	<b>ZIP*</b>
<input type="checkbox"/> Multnomah <input type="checkbox"/> Washington <input type="checkbox"/> Clackamas <input type="checkbox"/> Other			
<b>CELL PHONE</b>		<b>OTHER PHONE</b>	
<b>MAY WE SEND TEXT MESSAGES?</b>		<i>TIP: This phone number helps us reach you or leave messages for you. This could be the phone number of a parent or legal guardian.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>TIP: Checking "Yes" indicates your permission to contact you about SummerWorks for the purpose of scheduling training, setting appointments or communicating about your summer experience by cell phone text message. Message and data rates may apply.</i>	

\* required

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**GET HELP! 503-478-7378 | [help@SummerWorksPDX.org](mailto:help@SummerWorksPDX.org)**

We ask for the following information to better understand who is in our program and to fulfill the reporting requirements of our funders. Your responses will be kept confidential. None of the information collected from you will be used for a discriminatory purpose.

ETHNICITY*	RACE*	OTHER DEMOGRAPHICS*
Please select one.	Check all that apply.	Please select one.
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to disclose.	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I choose not to disclose.	<input type="checkbox"/> African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Slavic <input type="checkbox"/> None Apply <input type="checkbox"/> I choose not to disclose.

\* required

**TO SUBMIT YOUR COMPLETED APPLICATION:**

- 1) Give it to staff at your school or program **OR**
- 2) Email it to [help@SummerWorksPDX.org](mailto:help@SummerWorksPDX.org) **OR**
- 3) Fax it to 503-478-7078

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