

ENROLLMENT INFORMATION FORM

Note: Required information for the Google IT Support Professional Program is highlighted in yellow

Please print legibly to complete the form below. Thank you.

General Information

Enrollment Status: <input type="checkbox"/> New Participant <input type="checkbox"/> Returning Participant		Intake Location: _____	
Received Program Participant Handbook? <input type="checkbox"/> Y <input type="checkbox"/> N		Referral Source: _____	
First Name	Middle	Last Name	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Other
Social Security Number	Date of Birth MM/DD/YYYY	Age	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Prefer not to answer Veteran: <input type="checkbox"/> Yes, 9/11? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> No, Not a Veteran
Race/Ethnicity:	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Eskimo/Aleut <input type="checkbox"/> Other:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			

Residential Address

Number & Street Name	Apt. #	City	State	Zip Code
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Mailing Address Same as Residential Address

Number & Street Name	Apt. #	City	State	Zip Code
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Contact Information

Home Telephone Number	Alternate Telephone Number	Cell Phone Number	Email Address
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Emergency Contacts

First & Last Name	Relationship	Number & Street Name, Apt. # City, State Zip Code	Phone Number
First & Last Name	Relationship	Number & Street Name, Apt. # City, State Zip Code	Phone Number

Education- Highest Level

- No Formal Schooling []
 Completed 8th Grade []
 Less than HS Diploma []
 High School Diploma []
 GED/HS Equivalency []
 Postsecondary
 non-degree award
 Associate Degree
 Bachelor Degree
 Graduate Degree

Received Special Education Supports? Yes No

Do you have difficulty with reading, understanding what you read, or writing?
 Yes No

Current Labor Force Status

(Check all that apply)

Employed: Part Time
 Full Time
 Temporary
 Seasonal

Unemployed: Less than 6 months
 6 months to a year []
 More than a year

Other: Underemployed
 Sheltered Employment
 In School/Training
 Never Worked

Socioeconomic Information

(Check all that apply)

- Long-term Unemployed (6 months or more)
 Employed-insufficient income/Incumbent Worker
 Dislocated Worker/Laid Off Worker
 Welfare/Supplemental Benefits Recipient
 At Risk Youth (Ages 18 to 23)
 Offender/Ex-Offender
 Homeless/Housing Issues
 Limited Education
 Literacy Issues
 Immigrant
 Refugee
 Limited/No English
 Transportation Issues
 Single Parent
 Childcare Needs
 No Support System
 Recently moved to area
 Medical Problems

Older Worker (Age):

- 40-50 51-60 61-70 71 years+

Documented Disabilities Check any disabilities that apply to you:

- Psychological/Learning
- Brain Injury/Neurological
- Developmental
- Emotional
- Psychiatric
- Physical
- Autism
- Visual
- Hearing
- Substance Abuse
- Other:

Benefits & Entitlements <i>Financial Assistance (Check all that apply)</i>	
Benefits/Income Supports	Active?
<input type="checkbox"/> Alimony/Spousal Support	\$
<input type="checkbox"/> Child Care Subsidy/Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> Earned Income Tax Credit	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Free or Reduced Lunch	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Food Stamps (SNAP)*	\$
<input type="checkbox"/> Foster Care Subsidy	\$
<input type="checkbox"/> Head Start	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> LIHEAP (Utility Bill Assistance)	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Medicaid (Medical Assistance)	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Pension/Retirement Income	\$
<input type="checkbox"/> Rental Housing Assistance (Section 8)	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Social Security Income (SSI)	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> TANF <input type="checkbox"/> TCA <input type="checkbox"/> TDAP (Cash Assistance)	\$
<input type="checkbox"/> Unemployment Insurance	\$
<input type="checkbox"/> VA Benefits	\$
<input type="checkbox"/> WIC Subsidy	\$
<input type="checkbox"/> Worker's Compensation	\$
<input type="checkbox"/> Other:	\$

Family Status

Parent or Guardian No Children

How many adults 18 years and older are in Household (including self)?

Number of children?

Number of children under 18 years old?

Are you the Custodial Parent? Y N

Are you ordered to pay Child Support? Y N

Household Income

What was your estimated total household income for the previous year?

- Between: \$0 - \$10,000
 \$11,000 - \$20,000
 \$21,000 - \$30,000
 \$31,000 - \$40,000
 \$40,000 or more

Employment History *(Please provide information about your most recent employment.)*

Company Name: _____ [] Part Time [] Full Time [] Temporary [] Seasonal

Position/Job Title: _____ Start Date: _____ End Date: _____
(Month/Year) (Month/Year)

Average hours worked per week: _____ Starting Salary: \$ _____ per hr. Ending Salary: \$ _____ per hr.

Employer Sponsored Benefits? *(Check all benefits received.)* [] Health Insurance [] Retirement Plan [] Paid Time Off Job Duties:

Reason for Leaving: [] Better employment [] Family Needs [] School/Training [] Moved/Relocated
[] Dismissed/Terminated [] Quit (No notice) [] Incarcerated [] Other _____

Company Name: _____ [] Part Time [] Full Time [] Temporary [] Seasonal

Position/Job Title: _____ Start Date: _____ End Date: _____
(Month/Year) (Month/Year)

Average hours worked per week: _____ Starting Salary: \$ _____ per hr. Ending Salary: \$ _____ per hr.

Employer Sponsored Benefits? *(Check all benefits received.)* [] Health Insurance [] Retirement Plan [] Paid Time Off Job Duties:

Reason for Leaving: [] Better employment [] Family Needs [] School/Training [] Moved/Relocated
[] Dismissed/Terminated [] Quit (No notice) [] Incarcerated [] Other _____

I certify that the information provided on the above enrollment form is true and complete to the best of my knowledge.

Print Name: _____ Signature: _____ Date: _____

Part I- PARTICIPANT SELF-ASSESSMENT AT INTAKE

SELF-EFFICACY: Read each statement below. Then, circle a number 1 through 5 which best reflects your belief in your ability to complete and reach goals. 1 = Strongly Agree; 5 = Strongly Disagree

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1. I will be able to achieve most of the goals that I have Set for myself.	1	2	3	4	5
2. When facing difficult tasks, I am certain that I will accomplish them.	1	2	3	4	5
3. In general, I think I can obtain outcomes that are important to me.	1	2	3	4	5
4. I believe I can succeed at most any endeavor (anything) I set my mind to.	1	2	3	4	5
5. I will be able to successfully overcome many challenges.	1	2	3	4	5
6. I am confident that I can perform effectively (do well) on many different tasks.	1	2	3	4	5
7. Compared to other people, I can do most tasks very well.	1	2	3	4	5
8. Even when things are tough, I can perform quite well.	1	2	3	4	5

Part II

GRIT: Read each statement below. Then, circle a number 1 through 5 which best reflects your ability to maintain focus, a positive attitude, and overcome challenges while pursuing goals.

	Very much like me	Mostly like me	Somewhat like me	Not me at all	Not like me at all
1. New ideas and projects sometimes distract me from previous ones.	1	2	3	4	5
2. Delays and obstacles (things that get in the way) don't discourage me.	1	2	3	4	5
3. I have been obsessed with (constantly thinking about) a certain idea or project for a short time but later lost interest.	1	2	3	4	5
4. I am a hard worker.	1	2	3	4	5
5. I often set a goal but later choose to follow a different one.	1	2	3	4	5
6. I have difficulty keeping my focus on projects that take more than a few months to complete.	1	2	3	4	5
7. I finish whatever I begin.	1	2	3	4	5
8. I am hard working and careful.	1	2	3	4	5

Part III

FINANCIAL CAPABILITY: For each of the following questions, circle the answer choice that best reflects your attitudes, knowledge, experience, and skills relating to money management decisions.

1. I have some money set aside for future use.	Yes	No				
2. I have one month of living expenses saved or set aside.	Yes	No				
3. Over the last 3 months, have you followed a personal budget, spending plan, or financial plan?	Yes	No				
4. How confident are you in your ability to achieve a financial goal you set for yourself today?	Not at all confident	Somewhat confident				
5. Have you set aside funds that would cover your expenses for 3 months if you or someone in your family lost a job, got sick or had another emergency?	Yes	No				
6. Do you currently have an automatic deposit or electronic transfer set up to put money away for a future use such as saving for retirement or education?	Yes	No				
7. Over the past 3 months, would you say your household's spending on living expenses was less than its total income?	Yes	No	Don't know			
8. In the last 3 months, have you paid a late fee on a loan or bill?	Yes	No				
9. How would you rate your current credit record?	Very bad	Bad	About average	Good	Very good	Don't know

ADDITIONAL INFORMATION:

What other organizations do you belong to?

How did you hear about training at Goodwill?

Are you over the age of 18? Yes No

Have you ever been convicted of a Felony or Misdemeanor including sex related or child abuse cases, but excluding minor traffic violations?

Yes No

If Yes, please explain:

Please answer the following questions in full and complete sentences. Attach additional sheets if necessary.

1. Do you have access to an internet-connected desktop or laptop computer during the week?
2. As with any IT position, we have to plan for how to address things that go wrong. If your primary computer for this course fails or has an issue, what is your backup plan?
3. This course requires a time commitment of around 6-10 hours per week. How do you plan to study for this certificate program?

4. Which area of IT interests you the most?

5. Write about a time during which you faced a challenge and overcame it.

6. What else should Goodwill know about you as a learner or a person?

Agreement:

I certify that all information I have provided in order to apply for the Google IT Support Professional Certificate Program Scholarship through Goodwill is true, complete, and accurate. I expressly authorize, without reservation, Goodwill, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive all rights and claims I may have regarding Goodwill, its agents, employees, or representatives, for seeking, gathering, and using such information about me. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to 1) cancel further consideration of this application, or 2) immediately discharge me from volunteer service, whenever it is discovered.

Goodwill reserves the right to terminate the learner arrangement at any time, with or without cause or notice.

Signature

Date

Please complete the application in full and return to Goodwill's headquarters.

We will contact you immediately upon receipt.

Completed applications do not guarantee that an opportunity exists.

Youngstown Area Goodwill Industries
Attn: Workforce Development Department
2747 Belmont Ave.
Youngstown, OH 44505
workforcedevelopment@goodwillyoungstown.org

Phone: 330-759-7921

Fax: 330-759-0678

Website: www.goodwillyoungstown.org

