RI Youth Workforce Development System

Project Application 2010 - Youth Worker Certificate Training Program
BEST (Building Exemplary Systems for Training Youth Workers)

You will receive a confirmation of your registration.

Name _____
first *middle initial* *last*

Mailing Address _____
number *street* *city* *state* *zip*

Telephone (day) _____ (evening) _____

E-mail Address _____ Gender _____

Place of Employment _____ Supervisor _____

Job Title _____ Supervisor's Telephone _____

Work Address _____
number *street* *city* *state* *zip*

Are you part-time or full-time? _____

How long have you been a youth worker? _____

What are your job responsibilities related to working with youth? _____

_____

What other type of work have you done that has strengthened your experience in youth work?

Check all that apply

- ☐ Community service projects
- ☐ Conference planning
- ☐ Training of trainers
- ☐ Volunteering with youth
- ☐ Working in a shelter
- ☐ Other

What was the last training that you attended for work? _____

Was it helpful? _____ Why or why not? _____

This training will be primarily funded by the Governor's Workforce Board RI and provided by Healthcare in Action's BEST (Building Exemplary Systems of Training for Youth Workers) initiative.

Governor's Workforce Board Rhode Island — Today's Vision... Tomorrow's Opportunity.

Rhode Island Department of Labor and Training

Your cost for the training certificate program is $50. Please send payment with your application to: RI Dept. of Labor and Training, 1511 Pontiac Ave., Cranston, RI 02920, Attn: Tamara Keane. Checks should be made payable to: Health Resources in Action.

Application and payment due by February 15, 2010.

TDD (401) 462-8606 / Equal Opportunity Employer/Program / Auxiliary aids and services are available upon request to individuals with disabilities.