

# 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 \_\_\_\_\_ Date of birth \_\_\_\_\_

*first middle initial last*

Mailing address \_\_\_\_\_

*number/street city state zip*

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail address \_\_\_\_\_ Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Place of employment \_\_\_\_\_ Supervisor \_\_\_\_\_

Job title \_\_\_\_\_ Supervisor phone \_\_\_\_\_

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    
  Training of trainers    
  Working in a shelter  
 Conference planning    
  Volunteering with youth    
  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 RI Department of Labor and Training and provided by Health Resources in Action's BEST (Building Exemplary Systems of Training for Youth Workers) initiative.

**Training Cost : 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: Kristen Taft. Checks should be made payable to Health Resources in Action.**



**Application & payment due by August 23, 2010**