



## CLIENT APPLICATION FOR JOB TRAINING PROGRAM

Thank you for your interest! Growing Opportunities is a project of the South Central Community Action Program (SCCAP). We are an urban farm that provides job-training opportunities for low-income people with barriers to employment, especially people with disabilities. There are no fees for participation. The training takes place at our partner Stone Belt's headquarters at 2815 E. 10<sup>th</sup> Street, Bloomington, IN.

The training is targeted for people who need basic job skills and experience. The curriculum combines hands on training, indoor classroom education, and therapeutic benefits of gardening in a greenhouse in a 200 hour course lasting 20 weeks, or 10 hours/week. The curriculum emphasizes soft-skills, which are transferable to any industry. Hard work and attendance are required. Additional time may be required for one-on-one meetings.

Schedule:                      Mondays (8:30am-10am), Tuesdays (8am-11am), Thursdays (8am-11am)

Mail or drop off your completed application to Errin Logsdon at Stone Belt at 2815 E. 10<sup>th</sup> Street, Bloomington, IN, 47408. Applications may also be faxed to 812-320-3016 or emailed to [Elogsdon@insccap.org](mailto:Elogsdon@insccap.org).

This application will remain active until the start date of the next Job Training Class. If you are not accepted or have not been contacted by Growing Opportunities prior to the start date of the next class, you will be required to submit a new application for further consideration.

If you have any questions, please contact:

Errin Logsdon  
Growing Opportunities Manager  
812-320-3016  
[Elogsdon@insccap.org](mailto:Elogsdon@insccap.org)



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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

T-shirt Size \_\_\_\_\_

How did you hear about our Job Training Program? (Fill one)

SCCAP  Stone Belt  Other \_\_\_\_\_

Have you been employed in the last 6 months?  Yes  No

If yes, list places of employment (s) in the last 6 months.

| Employer | Job Title | Dates Employed |
|----------|-----------|----------------|
|          |           |                |
|          |           |                |
|          |           |                |

Education level completed (fill highest one completed):

Some high school  GED  High School Diploma  
 Some college  College degree in \_\_\_\_\_  Other

References (Please list two references who are NOT relatives. These should be individuals who have known you well for 1 year or more.)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a working vehicle?  Yes  No      Do you live on a bus route?  Yes  No

Income Sources (fill any you receive)

Employment  SSI  Interest/Dividends  
 Social Security  Veteran's Benefit  Self-Employment  
 TANF  Pension/Retirement  Other  
 Unemployment  Child Support  No Income

\*REQUIRED\* Total monthly income from all sources \$ \_\_\_\_\_

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Services (fill any you receive)

- |   |  |   |
|---|--|---|
| <input type="radio"/> Head Start                | <input type="radio"/> Academic Financial Aid               | <input type="radio"/> MCUM Child Care           |
| <input type="radio"/> Energy Assistance         | <input type="radio"/> Centerstone                          | <input type="radio"/> Salvation Army Child Care |
| <input type="radio"/> Section 8                 | <input type="radio"/> Lifeline Linkup Phone Service        | <input type="radio"/> Hoosier Healthwise        |
| <input type="radio"/> BHA Housing               | <input type="radio"/> Individual Development Account (IDA) | <input type="radio"/> VIM Clinic                |
| <input type="radio"/> Indiana Legal Services    | <input type="radio"/> Family Self-Sufficiency              | <input type="radio"/> HIP Program               |
| <input type="radio"/> Food Stamps               | <input type="radio"/> CASY                                 | <input type="radio"/> IMPACT                    |
| <input type="radio"/> Free/Reduced School Lunch |  | <input type="radio"/> Vocational Rehab          |
| <input type="radio"/> WIC                       |  | <input type="radio"/> Adult Education (GED)     |

Please provide two Emergency Contacts:

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

What did you like best about your previous jobs? \_\_\_\_\_

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What did you like the least about your previous jobs? \_\_\_\_\_

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What are you most proud of accomplishing in your life? \_\_\_\_\_

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What career goals have you set for yourself? \_\_\_\_\_

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What are your future wage earning goals? \_\_\_\_\_

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**Criminal Record Declaration**

South Central Community Action Program (SCCAP) and Growing Opportunities require a background check of all participants in order to identify and limit potential danger to all participants. SCCAP will assess the relevancy of any arrests, pending criminal charges or convictions on an individual basis. SCCAP reserves the right to require additional information as necessary to assess the relevancy of any and all information you provide below.

PLEASE NOTE - You need not list the following:

- Any traffic fines of \$200.00 or less
- Any offenses, other than offenses related to child abuse and/or child sexual abuse or violent felonies, committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law
- Any convictions the record of which has been expunged under federal or state law
- Any conviction set aside under the Federal Youth Corrections Act or similar state law.

Please list all pending and prior criminal arrests and charges related to child sexual abuse and their disposition. Include dates and jurisdiction. If none, state NONE. Use additional sheets if necessary.

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Please list all convictions related to other child abuse and neglect. Include date and jurisdiction. If none, state NONE. Use additional sheets if necessary.

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Please list all convictions of violent felonies. Include date and jurisdiction. If none, state NONE. Use additional sheets if necessary.

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I understand that providing false or misleading information could result in my not being considered for Growing Opportunities program. I declare, under penalties of perjury, that the above is true and correct to the best of my knowledge.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Consent for Release of Information for Criminal History & Child Protective Services State Central Registry Checks**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Previous \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of birth: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Social Security #: \_\_\_\_\_

Previous Address(es) for past 10 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names of dependent, independent & deceased child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant expressly agrees to waive any privileges of confidentiality to permit any and all information to be released to South Central Community Action Program, Inc. (SCCAP) and Child Protective Services. Applicant expressly agrees and understands that any or all information obtained through this signed consent form may be used at the discretion of SCCAP and Child Protective Services in determining the applicant's suitability for working with children as a Legally Licensed Exempt Provider.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Name \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only- DO NOT WRITE BELOW THIS LINE**

Type of check (Fill one):

Criminal History    Child Protective Services    Legally Licensed Exempt Provider

**Please Indicate the Appropriate Findings Below:**

Our Agency has no information/record(s) concerning the above named individual.

Our Agency has the following information/record(s) concerning the above named individual: (Submit documentation or summarize areas you believe should be considered in evaluating the suitability of this individual working for a youth service agency.) Please use the back of the form or contact: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency \_\_\_\_\_

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Please read the statements below and sign if you are in agreement:

I certify that the information in this application is true and correct. I understand that falsification of any information in this application can lead to my disqualification or termination from Growing Opportunities and South Central Community Action Program. Further, I understand that any such misrepresentations by me are grounds to reject my application.

I hereby authorize Growing Opportunities and South Central Community Action Program to thoroughly investigate my references, work history, experience, education or other matters related to my application, and further authorize my current or former employers to disclose, without recourse or limitation, all of my employment records without notifying me of such disclosure. I hereby fully and completely release Growing Opportunities and South Central Community Action Program my current or former employers, their respective directors, officers, employees and agents, and all other persons from all claims or liabilities arising out of, or in any way related to, such an investigation or disclosure.

I understand that this is a twenty (20)-week job training program, and that I will not be paid for my services performed for Growing Opportunities or South Central Community Action Program, nor is my enrollment in the job training program a promise of future employment at Growing Opportunities or South Central Community Action Program. This application is not intended to create a contract, and the trainee relationship, should one follow this application, will be at-will and may be terminated at any time, with or without cause or notice, by either party.

In consideration, and as a condition, of my acceptance by Growing Opportunities and South Central Community Action Program as a trainee, I hereby waive, release, and hold harmless Growing Opportunities and South Central Community Action Program its officers, directors, employees, representatives, and volunteers from any and all claims and actions related to or arising out of my participation in the Job Training Program at Growing Opportunities and South Central Community Action Program.

I hereby grant Growing Opportunities and South Central Community Action Program permission to use my likeness or the likeness of my children who are under 18 years in age in a photograph, video, or other digital reproduction in any and all of its publications and presentations, including website entries, without payment or any other consideration. I understand and agree that these materials will be the property of the above organizations.

I hereby irrevocably authorize the Growing Opportunities and South Central Community Action Program to edit, alter copy, exhibit or distribute this photograph, video, or other digital reproduction for the purposes of publicizing the above organizations' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I have read this agreement before signing below and I fully understand the contents, meaning, and impact of this agreement.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_