Eligibility

You must meet ALL of the requirements:
- Resident of San Francisco
- Currently enrolled in High School
- 9th or 10th grade on student locator card
- Must be 14 years old by January 1st, 2016
- Ability to attend all training workshops
- Ability to return phone calls in a timely manner

Application Submission

Rules
- Only complete applications (with all signatures and documents) will be accepted.
- Complete this packet application in BLUE or BLACK ink.
- The youth applicant must bring the application himself/herself in person (no fax, email, scan allowed!).
- No applications will be accepted after the due date September 11, 2015.

Application Documents
Please attach a copy of the following two documents. If you only have originals, the coordinator or staff person will be able to make a copy for you when you submit your application.
- **Proof of School Attendance** (a school ID with the current year, a printout of your class schedule that shows your name and semester, a letter from school)
- **Proof of Age** (Unexpired CA ID Card, Driver’s License, U.S. Passport, Permanent Resident Card, Birth Certificate, School Locator Card)

Due Date

All applications must be turned in person by the YOUTH himself/herself by **Friday, September 11, 2015**

Each agency has a different application acceptance time. Please look over the next page to review the date and time you can turn it in.

Turning in your application does not guarantee acceptance, but allows the coordinator to help with the completion of the application.

**MYEEP** is a program of the **Japanese Community Youth Council** made possible by funding provided through **The San Francisco Department of Children Youth and Their Families (DCYF)**.
TURN IN YOUR APPLICATION
TO THE MYEEP LOCATION CLOSEST TO WHERE YOU LIVE:

**Bayview, Hunters Point**
Young Community Developers, 1715 Yosemite Avenue, Eileen Young, 822-3491
Application Drop off time: Monday-Friday from 2:00PM-5:00PM

**Bernal Heights, Outer Mission**
Bernal Heights Neighborhood Center, 515 Cortland Avenue, Lori Tran, 206-2140 x143
Application Drop off time: Monday-Friday from 4:00PM-6:00PM

**Chinatown, North Beach**
Community Youth Center, 1038 Post Street, Benny Dao, 775-2636 x226
Application Drop off time Monday-Friday from 3:30PM-6:00PM

**Mission, Potrero Hill**
Horizons Unlimited, 440 Potrero Avenue, Nikia Durgin, 487-6708
Application Drop off time: Monday-Friday from 2:00PM-6:00PM

**Oceanview, Merced, Ingleside**
OMIE Beacon at James Denman Middle School, 241 Oneida Ave Rm 181, Tyree Johnson, 406-1290 x107
Application drop off time Monday-Friday from 4:00PM-6:00PM

**Richmond**
Community Youth Center, 319 6th Avenue Suite 201, Danielle Madrid 752-9675
Application Drop off time Monday-Friday from 4:00PM-6:00PM

**Sunset**
Community Youth Center, 319 6th Avenue Suite 201, Maria Santos 752-9675
Application Drop off time Monday-Friday from 2:00PM-6:00PM

**Tenderloin, SOMA, Union Square**
Vietnamese Youth Development Center, 166 Eddy Street, Diana Yu, 771-2600
Application Drop off time Monday-Friday from 3:00PM-6:00PM

**Visitacion Valley, Sunnydale**
APA Family Support Services, 50 Raymond Avenue 2nd floor, Lesette Gray, 724-1480
Application Drop off time are Monday-Fridays from 4:00-6:00PM

**Western Addition, Haight Ashbury**
Buchanan YMCA, 1530 Buchanan Street, Jen Hughes, 931-9622
Application Drop off time is Monday-Friday from 4:00PM-6:00PM

**All SF neighborhoods - Youth with Disabilities**
Jewish Vocational Service, 225 Bush Street 4th Floor West Wing, Manny Siliezar, 391-3600
Application drop off time Monday-Friday 3:00PM-5:00PM

**MYEEP** is a program of the **Japanese Community Youth Council** made possible by funding provided through **The San Francisco Department of Children Youth and Their Families (DCYF)**
Application Submission Guidelines

SUBMISSION RULES – Please read carefully
✓ YOU, the participant, must bring the application yourself in person to your local MYEEP agency.
  Coordinators will not accept an application from a parent/guardian, friend, relative and/or advocate.
✓ Applications must be submitted to the agency closest to where you live and/or attend school unless you have a special circumstance – please discuss with the Coordinator before you submit!
✓ Applications may only be submitted between the hours listed for each individual agency.
✓ Turning it in before the due date DOES NOT guarantee a position in the program.
✓ Complete the entire application in BLUE or BLACK ink. Please don’t use pencil or other ink colors.
✓ If you need help with your application, contact your local MYEEP Coordinator listed on the front page

WHAT TO EXPECT?
1. Please wait for an agency staff person to review your application when you submit it to make sure it’s complete.
   a. If your application is complete with all documents, you will be considered for acceptance into MYEEP.
   b. If your application is not complete, you will be given a list of things that need to be corrected. You must complete them as soon as possible and resubmit your application before the due date to be considered.
2. Coordinators will notify accepted applicants and applicants placed on the waiting list by Friday September 18th. Due to the volume of applications we receive, we are not able to notify all applicants that are NOT accepted.
3. Accepted participants must attend orientation the week of September 21, 2015 to be considered for the program.

SELECTION CRITERIA
MYEEP reserves the right to ask you to submit documentation/proof for each selection criteria. Please be as honest and accurate as possible. No single criterion will determine whether or not you are accepted. Here are some of things we consider when reviewing applications:
• Having significant and/or multiple barriers to employment as defined by: lack of previous paid work experience; having one or more disabilities; poor school performance; low English proficiency; teen parenthood; living in a household that receives public assistance; is low income; resides in public housing; involvement in the juvenile justice system; receiving services from a case manager; living in foster care or a group home; identify as LGBTQ; and/or homeless.
• Residence within the targeted service area of a MYEEP program location
• Lack of involvement in other enrichment activities
• Shows a high level of motivation in answering the motivation questions, returning phone calls, showing up to orientation, and eagerness to learn/work.

MYEEP does not operate on a first come, first serve basis. No single criterion will determine whether or not an applicant will be accepted into the program. MYEEP does not discriminate against any person protected under the American Disability Act (ADA). MYEEP will make all reasonable accommodations to the best of its ability to ensure that people with special needs have an equal opportunity to participate. Please contact the coordinator at the program location where you are applying if you have any questions or need to request accommodations.
**MYEEP Program Overview**

**PROGRAM GOAL**
The goal of the program is to provide young people in San Francisco who have multiple barriers to employment with first-time work experiences that will support their ongoing participation and success in education as well as in the workforce.

**PROGRAM STRUCTURE**
**October to December:** Training Period – 6 hours a week
- 2 days of MYEEP Job Readiness Training (4 hours a week)
- 1 day of Academic Mentor Program (2 hours a week)
- Stipend based $10 for each 2 hour workshop
- Opportunity for cash bonuses and matched savings
  - Before the Internship period begins in January, you will be required to
    - Obtain a **Work Permit**
    - Provide all necessary **ORIGINAL** documents to prove employment eligibility in the U.S. (Social Security Card, Proof of Age, Proof of School, and Photo ID)

**January to April:** Internship Period
- Wage-based
- $12.25/hour (San Francisco’s minimum wage)
- 10 hours a week (2 hours at the MYEEP agency, 8 hours at the worksite)
- Field trips (MYEEP in SF Career Exploration Day, University Day UC Berkeley Campus Visit)

**June to August:** Advanced Internship Period
- Wage-based
- $12.25/hour (San Francisco’s minimum wage)
- 20 hours a week at the worksite (8 hours of workshops in July at the MYEEP agency)

**HOW MUCH OF A COMMITMENT IS MYEEP?**
If you are involved in regular after school programs, clubs, or sports, it may not be possible to commit to the MYEEP program. MYEEP requires that you attend **3 workshops a week Oct - Dec** and are available to work a minimum of 3 days a week Jan- Apr. You may only miss a certain number of workshops before being terminated from the program.

**ACADEMIC MENTOR PROGRAM (AMP)**
As a participant in MYEEP you will be asked to balance the commitment of school and work. To support academic success, participants spend one day per week in small groups working with an Academic Mentor during the training period (October – December). During AMP days you will receive tutorial support, as well as programming focused on classroom skills and strategies for academic success. Participants are expected to work toward maintaining a GPA of 2.0 or above while in the program.

**A FEW EXAMPLES OF MYEEP INTERNSHIPS**
- Youth Artist in Residence at Meridian
- Students Ambassador at Aspect Foundation
- Youth Tutor at Reading Partners
- Teen Staff at Boys and Girls Clubs of San Francisco (various Clubhouses)
- High School Explaner at the Exploratorium Museum
- Administrative Assistant at the SF Trial Lawyers Association
- Youth Counselor at Bayview Opera House, Inc.
MYEEP APPLICATION CHECKLIST
Make sure everything on this list is checked before turning in!!
☐ I have completed the application in BLUE or BLACK ink
☐ Page 1: Personal Identification & Demographics
☐ Page 2: Family Income, Ethnicity
☐ Page 3: Home Language, School Year Schedule, Extra Information
☐ Page 4: Motivation Questions - Response should be typed or written neatly in blue or black ink.
☐ Page 5-8: All signature lines are filled in (Parent Consent, Workers Compensation, Emergency Form)

APPLICATION DOCUMENTS
☐ A copy of your current Fall 2015 School Locator Card
☐ A copy of your Photo ID (can be a school ID, California ID, Passport, or Permanent Resident Card)

Personal Identification

<table>
<thead>
<tr>
<th>Legal First Name</th>
<th>Legal Middle Name</th>
<th>Legal Last Name</th>
<th>Date of Birth (Month-Day-Year)</th>
<th>Age</th>
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Adopted English Name (optional)

Home Address

SF, CA 94 __ __ __

Permanent Resident # (if applicable)

__ __ __-__-__ __ __ __ __ __

H0# (only applicable if enrolled in SFUSD schools)

H0 __ __ __ __ __ __ __ __ __

Home Phone #

(415) __ __ __-__-__ __ __ __

Cell Phone #

__ __ __-__-__ __ __ __ __ __

Email Address

Please print neatly in BLUE or BLACK ink

Demographics

Have you been a MYEEP intern before? ☐ Yes ☐ No
Have you ever applied to MYEEP before? ☐ Yes ☐ No

Have you ever had a job before? ☐ Yes ☐ No
Was it in the last 3 months? ☐ Yes ☐ No
If yes, how much were you paid?

Name of School

Current GPA

Grade Level Sept 2015

Anticipated High School Grad. Date

Month __ __/Year __ __ __ __

Have you ever failed a Math or English Class? ☐ Yes ☐ No
List out any activities you plan on being a part of this school year (Sports, Clubs, Church, Programs)

Gender

- □ Female
- □ Male
- □ Transgender

English Proficiency

- □ Fluent
- □ Somewhat Fluent
- □ Not Fluent

Other (check all that apply)

- □ Disabled
- □ LGBTQ
- □ I financially support my family
- □ I am a parent

Do You Have an Individualized Education Program (IEP)?

- □ Yes
- □ No

Reason for IEP

Juvenile Justice

- □ I have a Probation Officer
  Name ____________________________
  Phone __________________________

Case Management

- □ I have a Case Manager
  Name ____________________________
  Phone __________________________

Living Situation (Please Check All That Apply)

- □ Family
- □ Single Parent Household
- □ Foster Home
- □ Group Home
- □ Homeless
- □ Self-Support

Family Income Information Please have your parent/guardian assist you with this section

Circle any of the following forms of government assistance/programs that anyone in your household receives:

- TANF
- Food Stamps
- Medi-Cal
- SSI
- GA
- Public Housing
- CalWORKs

How many people live in your household? ________

What is the combined total annual income of everyone in your household? ________

Ethnicity This will not affect your application status. Please check the ethnicity you identify with.

| African American | Other Asian | Middle Eastern | Other
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<td>Other Black</td>
<td>Caucasian/ European</td>
<td>Pacific Islander - Guamanian</td>
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<td>Asian - Chinese</td>
<td>European Other</td>
<td>Pacific Islander - Tongan</td>
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<td>Asian - Japanese</td>
<td>Hispanic/Latino - Mexican</td>
<td>Pacific Islander - Hawaiian</td>
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<td>Asian - Thai</td>
<td>Hispanic/Latino - South American</td>
<td>Pacific Islander - Samoan</td>
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<td>Hispanic/Latino - Central Am.</td>
<td>Pacific Islander - Other</td>
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<td>Hispanic/Latino - Caribbean</td>
<td>Native American</td>
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<td>Asian - Vietnamese</td>
<td>Hispanic/Latino – Other</td>
<td>Native Alaskan</td>
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<tr>
<td>Asian - Indian</td>
<td>Middle Eastern - Arab</td>
<td>Multiracial</td>
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<tr>
<td>Asian - Laotian</td>
<td>Middle Eastern - Iranian</td>
<td>Other</td>
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Decline to State
Home Language  Please check the main language spoken in your household

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<tr>
<th>English</th>
<th>Spanish</th>
<th>Cantonese</th>
<th>Mandarin</th>
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<td>Japanese</td>
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<td>Tagalog</td>
<td>Toishanese</td>
<td>Vietnamese</td>
<td>Arabic</td>
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<td>Russian</td>
<td>Khmer/Cambodian</td>
<td>American Sign Language</td>
<td>Other_________</td>
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School Schedule
Please write in any weekly commitments you will have this school year (including sports, music, lessons, counseling, classes, babysitting, religious commitments) and the time you are committed to attend.

For example, write “Dance Team 4pm – 6pm” or “Take care of my baby brother 3pm – 4pm”

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<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
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<th>SATURDAY</th>
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Extra Information
Are there any neighborhoods or areas you do not feel comfortable or safe in?

Are there any restrictions on who you can work with? Are there any individuals you’ve been court ordered to keep a distance from?

How did you hear about the program? Please name who ever referred you.
Motivation Questions

Please answer the motivation questions to the best of your ability. Type (preferred) or neatly print your answers in blue or black ink. Complete answers should be three sentences minimum per question.

1. Why do you want to be in MYEEP?

2. If you could a sidekick to any super hero who would it be and why?

3. What skills are you hoping to learn?

4. What skills do you feel you already have?
Authorization to Release School Student Records

I hereby authorize __________________________ (name of school) to release, upon request by any Mayor’s Youth Employment and Education Program (MYEEP) representative academic records or attendance records of __________________________ (name of student) while s/he is a participant of in the program. I also authorize any MYEEP representative to discuss with school staff the academic performance of my child.

Parent/Guardian Signature _____________________________________  Date  ______________

MYEEP Media Release

By signing below, I am authorizing MYEEP and its affiliates to use any photos, video, and/or images that may include my child as well as permission to interview and use quotes, any caption or names associated with the activity. I understand MYEEP cannot offer financial compensation for use of these photos.

I hereby give my consent to all photographs, audio-recordings, program work, and/or video recordings taken of my minor child by staff or an authorized designee of the Mayor’s Youth Employment and Education Program (MYEEP), a program of the Japanese Community Youth Council (JCYC). I understand that any such photographs, audio recordings, program work, interviews, and/or video recordings become the property of MYEEP and may be used by MYEEP, JCYC, or any other organizations authorized by MYEEP solely for educational, instructional, or promotional purposes determined by MYEEP in broadcast and electronic media formats now existing or in the future created.

I have read this agreement and fully understand the content hereof. I represent that I am the parent/guardian of the minor indicated and have signed this agreement freely and without any inducement or assurance of any nature.

Parent/Guardian Signature _____________________________________  Date  ______________

Parental Permission to Participate in MYEEP

By signing below, you are acknowledging the following:

• I am aware of and consent to my child’s participation in the Mayor’s Youth Employment and Education Program (MYEEP)
• I consent to my child’s participation in any evaluations of the program
• I give permission to MYEEP to contact me regarding my child’s participation

Parent/Guardian Signature _____________________________________  Date  ______________

Youth Commitment

By signing below, you are acknowledging the following:

• I am committing to attend all workshops and working all of my scheduled hours this school year.
• I am aware that I will be expected to exhibit professionalism, punctuality, and responsibility throughout the program.

Youth Signature _____________________________________  Date  ______________
This Page Intentionally Left Blank
Workers Compensation Medical Provider Network Waiver

As an employee of the Japanese Community Youth Council (JCYC), Workers Compensation Insurance is provided to you if you are injured while working at your MYEEP job. In California, you have the right to pre-designate in advance of any work-related injury, a personal physician who you have received services from before and who is willing to sign an agreement to provide medical care for work-related injuries.

This form documents that you DO NOT want to pre-designate a provider. If you would like to pre-designate a personal physician (must acquire their signature on a separate form), please contact your Coordinator for the form.

CHECK THE BOX BELOW to allow MYEEP to follow its standard procedures:

☐ I, the undersigned employee, waive my right to pre-designate a personal physician and understand that I will be referred to a physician that is part of the California State Fund Medical Provider Network.

Participant Name (Printed)

_____________________________
Participant Signature

Date

Parent/Guardian Signature

Date

Consent to and Direction for Treatment of Minor

If you are injured on the job and require professional medical attention you may be taken to either Kaiser Permanente Occupational Health Center or the Kaiser Emergency Room.

The Consent To And Direction For Treatment of Minor form (on back) allows the MYEEP participant to be treated by Kaiser Permanente with out a Parent/Guardian being present. Signing the form means you consent to you child receiving treatment in the case that a Parent/Guardian is not present.

INSTRUCTIONS- To complete the form fill out the following:

- Write your child’s name in the line title RE:
- Enter date of birth
- If your child is a Kaiser member write in their medical record number. If they are not a Kaiser member leave that line blank
- Sign, specify relationship and date

If you have any questions about the form please call MYEEP central office at 415-202-7903
CONSENT TO AND DIRECTION FOR TREATMENT OF MINOR

TO: The Kaisor Foundation Hospital, The Permanente Medical Group, Inc., and the doctors, nurses, and members of the medical staffs thereof.

RE: ____________________________________________, a minor.

Date of Birth ___________________________ Medical Record No. ___________________________

I, (We), being the parent(s) or guardian(s), entitled to the care, custody and control of the aforesaid minor, do hereby authorize, request and direct you and each of you to render such treatment to said minor as in your judgment is advisable.

It is contemplated that the above minor may from time to time appear at your hospital, clinics, offices and facilities for examination or treatment, or both, unaccompanied by an adult, because of my (our) absence or unavailability.

I, (We), understand that the physicians, nurses or administrators may deem it advisable that a parent or guardian or other authorized adult be present with said minor for the purpose of assisting in the diagnosis or treatment. I, (We), agree to cooperate by being present with said minor at all times possible or when requested.

This consent will be in effect until it is terminated by written notice received by the Physicians of The Permanente Medical Group, Inc. at the Hospital or Medical Office location(s) where the original consent has been filed.

[Signatures]

[Specify Relationship]

[Signatures]

[Specify Relationship]

Dated: ___________________________ 20____

NOTE: This form should be completed for each minor in the family and filed with the Chart Room Supervisor at the Kaiser Foundation Hospital or Permanente Clinic where you expect services to be rendered.
**MYEEP**

Emergency Contact & Medical Authorization Form
★ PLEASE BRING THIS FORM TO ALL OFF SITE FIELD TRIPS ★

### PARTICIPANT INFORMATION

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<th>First Name</th>
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<th>Address</th>
<th>San Francisco, CA 94 ___  ___</th>
<th>Date of Birth ___ - ___ - ___ ___</th>
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### PARENT/ GUARDIAN CONTACT INFORMATION

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<th>Parent/Guardian Home Phone Number</th>
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### ALTERNATE EMERGENCY CONTACT

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<th>Home Phone Number</th>
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<th>Relationship</th>
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### DOCTOR’S CONTACT INFORMATION

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### MEDICAL HISTORY

Please list any known allergies to any medications or food products:

________________________________________________________________________

Please list any known medical conditions that MYEEP should be aware of:

________________________________________________________________________

Please list any special medical treatment instructions and names of medications that are taken regularly:

________________________________________________________________________

Should it be necessary for my child to have medical treatment while participating in any MYEEP program activities, I hereby give MYEEP/JCYC staff permission to use their judgment in obtaining medical services for the child. I also give permission to the physician to exercise his/her judgment in providing appropriate medical service. While all reasonable precautions will be taken to insure the safety of my child in all MYEEP program activities, I understand that MYEEP and its staff cannot be held responsible for the accidents that might occur to my child in any of the activities at workshops, work or during field trips. I hereby hold JCYC, MYEEP or its staff harmless of any liability throughout the duration of the program.

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<th>Parent/Guardian Signature</th>
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EMERGENCY INSTRUCTIONS
For Worksite Supervisors, MYEEP Coordinators, and MYEEP Central Office Staff

If a MYEEP Participant is injured while they are under your supervision, please follow these steps:

STEP ONE: ASSESS THE SITUATION AND ACT

If 911 is required, call 911 for help.
- This form must accompany the intern to the hospital.

If the injury is minor (for example, a small cut), please treat as needed.

If the injury requires professional medical attention,
- Please take the young person to either:
  - Kaiser Occupational Health Clinic at 601 Van Ness Avenue, Opera Plaza, Mezzanine Level, Suite 2008 (closes at 5pm)
  - Kaiser Emergency Room at 2425 Geary Blvd (between Lyon and St. Joseph Avenue)
- This form must accompany the intern to the hospital.

STEP TWO: CONTACT MYEEP COORDINATOR/CENTRAL OFFICE

- Contact the Participant’s MYEEP Coordinator
- If you are unable to reach the MYEEP Coordinator, please call MYEEP Central Office at any of the numbers below:
  - General office line 415-202-7903
  - Beth Sachnoff, Associate Director 415-202-7943
  - Zafiro Joseph, Communications Coordinator 415-202-7944
  - Lisa Dieng, Office Manager 415-202-7903
- Contact the Parents/Guardians or Alternate Emergency Contact listed on the other side of the form.
- Please stay with the intern until a Parent/Guardian or MYEEP Staff Person arrives to accompany the intern.

STEP THREE: PLEASE DOCUMENT DETAILS OF THE INJURY

- Please write down details regarding the injury:
  - Date
  - Time injury occurred
  - Details of the injury (left arm, right thumb, etc.)
  - Where was the youth taken
- You may be contacted after the incident to provide the details of the injury to a MYEEP Staff Person