



## **Precious Perks Program – Participant Commitment**

The Precious Perks Program provides opportunities through A Precious Child’s Social Enterprise Coffee and Gift Shop for young adults, 16 to 24 year-olds, who are currently out of school and without employment, providing mentorship, helping them with training, obtaining and retaining employment. Participants will work 10 hours a week in A Precious Child’s Coffee and Gift Shop while dedicating an additional 15 hours a week to completing online certifications and learning modules. This program consists of 20 modules (see addendum A) that include Soft Skills, Retail Skills and Hard Skills Curriculum and Mentoring.

Participants who will be accepted into the program will commit to attend and participate in the 6-month long program in addition to the yearlong mentorship that coincides with the program. Once the application is completed and returned, it will be reviewed. If the Participant meets the qualification requirements, the Participant will be invited to interview with the Precious Perks Director. Once the interview is completed and the Participant is accepted into the program, a background screening will be required and the Participant will then be referred to the appropriate Workforce Development office to complete paperwork to secure payment for the 10 hours a week that the Participant will be working in the Precious Perks Coffee and Gift Shop. Once the paperwork is completed and approved through the Workforce Development office, the Participant will be able to start the program.

### **Qualification Requirements:**

To be eligible for the Program, you must be: Between the ages of 16 and 21 and be legally present in the United States and currently enrolled in school OR between the ages of 16 and 24 and out of school.

Applicants also need to meet at least one of the following categories:

- Deficient in Basic Literacy Skills
- School Dropout
- Offender (Misdemeanor Only)
- Homeless/Runaway
- Foster Child
- Pregnant or Parenting Youth
- Individual with a Disability
- Low-Income TANF/Food Stamp Recipient



**Each Participant will commit to the following:**

1. Participants will fill out the application in full and complete the background screening and return all signed documents.
2. Participants agree to complete pre- and post-assessments.
3. Participants will commit to attending and participating in a 6-month long program.
  - a. 40 hours/week: 2-week unpaid initial boot camp
4. 25 hours/week: 5 ½ months with 10 hours (paid by Workforce Center) working at the Precious Perks Coffee and Gift Shop and 15 hours (unpaid) completing online certifications and modules
5. Participants will meet with their mentors once per week for a minimum of one year.
6. Should a participant not be able to complete a module or work shift, they should give staff notice at least 48 hours before their next module or work shift.
7. Participants will conduct themselves in an appropriate manner. Inappropriate language and behavior is strictly forbidden and all participants will be immediately released from the program if there are reports of inappropriate behavior.
8. Participants will submit feedback when requested from A Precious Child staff and keep them updated on how their modules and work shifts are going. Participants are able to seek out support from staff at any point during the program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Parent Signature (if under 18)

\_\_\_\_\_  
Date



## Precious Perks Participant Application and Agreement

Thank you for your interest in the Precious Perks program. Before completing this application, please read the attached document outlining the commitment you will be making to the program as a participant.

Date:

First Name:

Last Name:

Home Address:

City:

State:

Zip Code:

Email Address:

Phone:

Do you have access to a computer at home?:

❖ Why do you want to be a part of Precious Perks?

❖ What kind of person would you like your mentor to be?

❖ What are three words that best describe you?

❖ Please describe three things you are good at:

❖ What kind of activities would you like to do with your mentor?



**Parent/Guardian Contact Information**  
*Only Fill Out if Participant is Under 18*

First Name:

Last Name:

Home Address:

City:

State:

Zip Code:

Email Address:

Phone:

❖ Why do you want your child to participate in this program?

❖ Describe your expectations of the program?

❖ Can you provide any additional information that might be helpful in matching your child with the appropriate mentor?



**Parent/Guardian, please read this carefully before signing:**

We appreciate you and your child's interest in them becoming a Precious Perks Participant. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their child to participate in the Precious Perks program. Much of the information that you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, staff may at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian and mentor based upon anonymous information provided about each other.

**Please INITIAL each of the following:**

\_\_\_\_ I give my informed consent and permission for my child to participate in the Precious Perks Program and its related activities.

\_\_\_\_ I agree to have my child follow all of the program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the program and mentoring relationship.

\_\_\_\_ I hereby acknowledge that my child may be transported by his/her mentor while participating in the mentorship program and that such transportation is voluntary and at their own risk.

\_\_\_\_ I release A Precious Child and the Precious Perks Program of all liability of injury, death, or damages to me, my child, family, estate, heirs, or assigns that may result from their participation in the program, including but not limited to transportation. I will hold harmless any mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_ I understand that I must return all of the following completed items along with this application and that any incomplete information will result in the delay of this application being processed:

- Signed application
- Contact and Information Release Form
- Youth Mentee Guidelines/Instructions Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all of the above terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



A PRECIOUS CHILD'S COFFEE & GIFT SHOP

**Precious Perks Program  
Contact and Information Release**  
*(To Be Completed by the Parent/Guardian)*

Youth's Name \_\_\_\_\_ Date \_\_\_\_\_

I hereby grant permission for A Precious Child and the Precious Perks program to make contact with my child and conduct a personal interview for the purpose of applying to be a mentee and a participant of the Precious Perks program. Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Participant Guidelines/Instructions

*(To Be Completed by the Participant)*

1. Be dependable and punctual! If you will be late or absent, please notify the mentor as soon as possible.
2. Never put yourself into situations that could be perceived as inappropriate. Meet in public places as much as possible. Examples— Never be in a home alone with your mentor. Never be in a bedroom or bathroom with you mentor.
3. Absolutely NO photos or sharing of information can be shared on social media sites!
4. Refer concerns to your guardian/contact person.
5. Never take any kind of medication (i.e., aspirin) from a mentor.
6. Smoking, drinking or drug use is not permitted while with a mentor.
7. Respect mentors privacy. When meeting and talking with mentor in public, avoid talking about private matters where others can hear.
8. Do not travel with your mentor without written consent from your parent/guardian.
9. Mentor/mentee assignments may be changed if either the mentor or mentee request it.
10. Please do not carry weapons of any kind when spending time with your mentor.
11. Respect cultural and social differences and religious beliefs. Do not try to change them, but instead accept them as they are. Avoid imposing your own upon them.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature  
If participant is under 18

\_\_\_\_\_  
Date

This form may be returned via:

**Mail:**

A Precious Child  
Attn: Precious Perks Director  
7051 W. 118th Ave.  
Broomfield, CO 80020

OR **Email:** [PreciousPerks@APreciousChild.org](mailto:PreciousPerks@APreciousChild.org)