



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, 15 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 a minimum of 8 hours a week (with or without payment) in A Precious Child’s Coffee and Gift Shop while also completing online certifications and learning modules. This program consists of 14 modules that include Soft Skills, Retail Skills and Hard Skills Curriculum and Mentoring with on the job training.

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 Manager. Once the interview is completed and reviewed the Participant is accepted or denied access into the program. If accepted into the Precious Perks 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 minimum 8 hours a week up to 29 hours weekly that the Participant will be working in the Precious Perks Coffee and Gift Shop. If for some reason Participant is not approved for funding through the appropriate Workforce Center the program will be on a voluntary basis. The Workforce application process will be started once accepted into the Precious Perks program. (Precious Perks Manager will guide Participant through the various steps to obtain payment through an outside source i.e. Workforce center).

Qualification Requirements:

To be eligible for the Program, you must be: Between the ages of 15 and 24 and be legally present in the United States and currently enrolled in school OR between the ages of 15 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 its entirety, complete the background screening and return all signed documents promptly.
- _____ 2. Participants agree to complete pre- and post-assessments.
- _____ 3. Participants will commit to attending and participating in a 6-month long program.
 - a. 8 hours minimum weekly with or without payment.
- _____ 4. Must fill out application for WIOA/PWE funding through Workforce Center specific to your county. If approved for funding/payment hours can range from 8-29 hours weekly.
- _____ 5. If Workforce Center funding is not approved you are committing to 8 hours minimum weekly on a voluntary basis.
- _____ 6. Participants will follow application process and meet with their mentors for 4 hours per month for a minimum of one year.
- _____ 7. 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. In the case of illness you will call Precious Perks Manager before 7:00 am day of your shift.
- _____ 8. 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.
- _____ 9. 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



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 for Mentorship Commitment

(To Be Completed by the Participant)

Participants will be matched with a mentor, if they choose, and be matched for one entire year. The goal is to match participants within the first few weeks of entering the program. Participants will be able to talk to Precious Mentor staff and talk about the type of mentor they want. Staff will ask participants to complete the Precious Mentor application. Once the application is complete, matching will begin. Once matched, a match meeting will be held at Precious Perks with the Precious Perks Manager and the Precious Mentor Manager as well as the mentor and participant. Matches will commit to meeting for one year, 4 hours per month. Check-ins will be bi-weekly or monthly with staff to ensure the match is going well.

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 Manager
7051 W. 118th Ave.
Broomfield, CO 80020

OR **Email:** PreciousPerks@APreciousChild.org