



CITY OF MOUNT VERNON, N.Y.  
YOUTH BUREAU

**SHAWYN PATTERSON-HOWARD**  
*Mayor*

City Hall, One Roosevelt Square  
Mount Vernon, NY, 10550  
(914) 665-2344 – Fax: (914) 665-1373  
IG: mountvernonyb | FB: mvyouthbureau  
YOUTHBUREAU.CMVNY.COM

**DEBBIE BURRELL-BUTLER, MBA**  
*Executive Director*

**DENA T. WILLIAMS, MPA**  
*Deputy Director*

## **2023 Counselor In Training (C.I.T) Summer Program Application**

Applications will be accepted in-person at Mount Vernon City Hall. When submitting your application, make sure to attach all requested documents and fill out all pages COMPLETELY.

Applications will only be accepted on **Monday, April 24, 2023, through Friday, April 28, 2023.**

**Applications can be accessed online at <https://youthbureau.cmvny.com>**

**\*PLEASE NOTE, APPLICANT MUST BE 13 YEARS OF AGE WHEN THE APPLICATION IS DUE.**

**SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT IN THE PROGRAM.**  
**EMPLOYMENT IS VERY COMPETITIVE!**

### **YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:**

- 1. WRITING SAMPLE** (One-page double-spaced, size 12 font, typed essay explaining your goals and aspiration) Submissions that are not a full-length page will not be accepted
- 2. ATTESTATION FORM, PHOTO RELEASE FORM, & MEDICAL RELEASE FORM** (completed by parent/guardian)
- 3. BIRTH CERTIFICATE OR UNEXPIRED PASSPORT**
- 4. COMPLETED W9 FORM**
- 5. SOCIAL SECURITY CARD**
- 6. SCHOOL ID** (Applicant must be in school) **OR ANY GOVERNMENT ISSUED I.D.**
- 7. PROOF OF RESIDENCE** (Parent's most recent utility bill, phone bill, student's report card, parent's driver license, or learner's permit)  
**\*\*\* APPLICANT MUST BE A MOUNT VERNON RESIDENT\*\*\***

Participants in the C.I.T program will be placed at the Safe Haven Summer Program which is being housed at the Mount Vernon High School. The program begins July 3<sup>rd</sup>, 2023, and ends August 11<sup>th</sup>, 2023, with operation 9am – 5pm, Monday to Friday.

A stipend of \$350 will be earned at the completion of the program.

If you have any questions or concerns, please do not hesitate to contact the Mount Vernon Youth Bureau at (914) 665-2344 during business hours 8:30 am – 4:30 pm, Monday - Friday.

**ALL notifications regarding C.I.T Summer Program will be made by phone or email.**

**Please check email on a regular basis!**



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Completed applications will be accepted by a Mount Vernon Youth Bureau staff member. Applicants will be interviewed at a later date for an opportunity to be employed during the 2023 C.I.T Summer Program.

All information provided will be kept confidential.

ONLY A COMPLETED APPLICATION WITH THE REQUESTED DOCUMENTS ATTACHED WILL BE ACCEPTED.

\*Only one applicant will be employed per household, if selected.

- 1. Last Name
2. First Name
3. Middle (Int.)
4. Social Security Number
5. Date of Birth
6. Gender
7. Age
8. School
9. Grade
10. Citizenship Status (Check One): U.S. Citizen
Permanent Resident Alien
Other
Alien #
11. Address:
12. Apt.
13. City: Mount Vernon
14. Zip Code:
15. Applicant's Contact #:
16. Applicant's Email:
17. Name of Parent/Guardian:
18. Contact #:
19. Email:
20. Ethnicity (Circle One): Native American; Pacific Islander; Asian; White; Black; Hispanic/Latino; 2 or more Races
21. Other than English, what other language(s) are you most comfortable speaking?
22. Current Educational Status: Elementary School
Middle School
23. Previously participated in program? Yes
No
If yes, when?
Where?
24. Check all that apply to the applicant: Disabled
Foster Care
Homeless
Runaway
Juvenile Justice System
Parenting Youth
Served in Military
Have an incarcerated Parent (s)
25. Is the applicant or applicant's family currently receiving public assistance? Yes
No
If no, skip the question
26. Type of Public Assistance (Check all that apply): Food Stamps
S.S.I
S.S.D.
Child Support
Retirement or Pension
Family Assistance
Safety Net/Section 8
Other (Will need proof)

Applicant Signature Date Parent/Guardian Signature Date

PARENTS: Would your child be interested in advocating for funding for the Safe Haven C.I.T program? Yes No



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**Applicant's Attestation form Verifying Information Provided by Parent/Guardian for 2023 C.I.T Summer Program**

I have provided all the requested information and documentation the Mount Vernon Youth Bureau has requested for my child's participation in the 2023 C.I.T Summer Program. My signature below attests that the information I have provided is both accurate and true to the best of my knowledge. I further understand that I am responsible for misrepresentation, or any misinformation provided to the Mount Vernon Youth Bureau which may be grounds for immediate termination and/or other penalties if my child is selected.

\_\_\_\_\_  
Print Applicant's Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent /Guardian's Name

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

\_\_\_\_\_  
Date

Should you have any questions or concerns regarding the information in this form, contact the Mount Vernon Youth Bureau immediately at 914-665-2344.



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Medical Release Form – Applicant (Minor)

I, (Parent/Guardian’s Name) \_\_\_\_\_

give permission to the City of Mount Vernon, NY to provide medical attention (first aid) to my child,

(Applicant/ Minor’s Name) \_\_\_\_\_.

Medical Information

Does your child have any drug, insect, food, etc. allergies? If yes, please explain.

\_\_\_\_\_

Does your child have any illnesses or conditions CMV should be aware of that will prevent him/her from taking part in daily activities?

\_\_\_\_\_

Is your child currently on any daily medications or use any medical devices? If so, please list and identify the purpose.

\_\_\_\_\_

List two (2) people to contact in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

Minor’s Physician Name: \_\_\_\_\_ Physician #: \_\_\_\_\_

In case of injury, I hereby authorize chaperones/staff at their discretion to take my child to a doctor or hospital for emergency treatment or whatever service is deemed necessary. I also authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment. This form should remain on file at the worksite.

In the event that the minor, \_\_\_\_\_, causes any bodily injury or property damage by his or her negligence, the parent and/or legal guardian agrees to indemnify and hold harmless the City of Mount Vernon and its officers, agents and employees from any loss or expense arising out of the negligence of the minor.

Parent Signature: \_\_\_\_\_ Print Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_



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**Photo/Video Release Form – Applicant (Minor)**

I, **(Parent/Guardian's Name)** \_\_\_\_\_

hereby grant permission to the City of Mount Vernon Youth Bureau to photograph film and/or video my child,

**(Applicant/ Minor's Name)** \_\_\_\_\_.

I understand photographs, film and/or video may be used in, but not limited to, fliers, brochures, newsletters, press releases, websites, social media or any other type of promotional medium existing now or in the future.

I further understand that by granting this permission, I am irrevocably giving up all rights and claims to monetary compensation for any future uses of this material by the City of Mount Vernon.

I do not wish for my child to be photographed, filmed, or videotaped by the City of Mount Vernon.

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

\_\_\_\_\_  
Date



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**Survey Release Form – Applicant (Minor)**

I, **(Parent/Guardian’s Name)** \_\_\_\_\_

hereby grant permission to the City of Mount Vernon Youth Bureau to survey my child,

**(Applicant/ Minor’s Name)** \_\_\_\_\_.

The Mount Vernon Youth Bureau receives more than 5.4 million dollars in federal, state and local funding annually for the development, delivery and oversight of safe and effective programs for youth ages 6 – 24. At times, our funders request feedback from members of the community that we serve.

Although the surveys may not seem to benefit you directly, they are vital when it comes to helping us learn about the needs of our community. The surveys also provide data to the Youth Bureau which aid in the pursuit of securing grant funding to better serve Mount Vernon’s Youth.

Participation is voluntary; however, it is HIGHLY encouraged. There is no penalty for not participating or for withdrawing from the survey, and you may skip any question that you would prefer not to answer. All your responses will be kept confidential within reasonable limits. Only those directly involved with this project will have access to the data.

I understand that by granting this permission, I am irrevocably giving up all rights and claims to monetary compensation for any future uses of this material by the City of Mount Vernon.

**I do not wish for my child to participate in surveys distributed by the City of Mount Vernon Youth Bureau.**

Parent Signature: \_\_\_\_\_ Print Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_



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**File Storage Release Form – Applicant (Minor)**

I, **(Parent/Guardian's Name)** \_\_\_\_\_

hereby grant permission to the City of Mount Vernon Youth Bureau to store personal documents online

**(Applicant/ Minor's Name)** \_\_\_\_\_.

Participant Information that is received by the City of Mount Vernon Youth Bureau in either electronic form or hard copy shall be properly secured to minimize risks to unauthorized access. Access to the systems and storage locations designated for Confidential Participant Information will be limited to the City of Mount Vernon Youth Bureau and such support staff who require access to such information for performance of their work, as determined by the City of Mount Vernon Youth Bureau. On a routine basis, but no less frequently than every six (6) months, the City of Mount Vernon Youth Bureau will review a list of those who have access to the systems designated for Confidential Participant Information and confirm the accuracy of the list.

**I do not wish for my child's personal documents to be stored. I understand that I will be required to resubmit documentation for future applications.**

Parent Signature: \_\_\_\_\_ Print Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_