

Van Go, Inc. - The Arts Train (TAT) Apprentice Artist Application

The Arts Train is more than just a job – We put art to work and spark what is possible through creative expression!

Van Go is dedicated to employing youth (ages 14-24) to create art, while providing comprehensive employability & life skills training, health & wellness education and social service supports.

The Arts Train (TAT) is Van Go's year-round, transitional employment program for young adults, ages 18-24. TAT provides nine months of paid, on-site job training followed by an optional paid, community-based internship matched with their career interests or skill set to help these young adults successfully transition to independence. Thank you for your interest in this program!

GENERAL INFORMATION:

| Mairie (First, Midule, Last). | | | | | | | | | | |
|--|-----------|--------------|-------------------|----------------------------|-------------|------------------------------------|--------------------------------|--|--|--|
| Preferred Name: | | | | Preferred Pronouns: | | | | | | |
| Date of Birth: Age: | | | | | | | Gender: | | | |
| Race/Ethnicity: | | | | Social Security Number: | | | | | | |
| How did you first hear about TAT? Pare | | | ent/Family/Friend | | | | Teacher/Counselor/Professional | | | |
| Website Social Media | | Poster/Flyer | | er | . (| | | | | |
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| CONTACT INFORMATION | : | | | | | | | | | |
| Address/Street: | | | | | | Apa | artment # (if applicable): | | | |
| City: | y: State: | | Zip Code: | | | County: | | | | |
| Home Phone: | | | Cell P | Cell Phone: | | | | | | |
| Email Address: | | | | | | | | | | |
| Emergency Contact's Name: | | | | | | | | | | |
| Relationship: | | | Emer | Emergency Contact's Phone: | | | | | | |
| EDUCATION & TRAINING: | | | | | | | | | | |
| High School: | | | City/State: | | | | | | | |
| Did you graduate? Yes | No | | If no, | | | how many credits do you have left? | | | | |
| Degree/Diploma earned: | | | I . | | | | | | | |
| College/University/Vocational School: | | | | | City/State: | | | | | |
| Are you currently enrolled? | Yes | No | Nu | Number of years completed: | | | | | | |
| Did you graduate? Yes | No | | De | Degree/Diploma earned: | | | | | | |
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| PRIOR EMPLOYMENT INFORMATION: (List previous emp | oloyers if applicable) | | | | | |
|---|---|--|--|--|--|--|
| Have you worked/applied for Van Go before? Yes | No If yes, when: | | | | | |
| Do you have any prior work experience? Yes | No | | | | | |
| 1) Employer Name: | Job Title: | | | | | |
| Supervisor Name: | Dates of Employment: | | | | | |
| Reason for Leaving: | | | | | | |
| 2) Employer Name: | Job Title: | | | | | |
| Supervisor Name: | Dates of Employment: | | | | | |
| Reason for Leaving: | | | | | | |
| 3) Employer Name: | Job Title: | | | | | |
| Supervisor Name: | Dates of Employment: | | | | | |
| Reason for Leaving: | | | | | | |
| REFERENCE: (List below one person who has knowledge of yo | our work performance within the past five years) | | | | | |
| Full Name: | | | | | | |
| Email Address: | Phone Number: | | | | | |
| Relationship: | Number of Years Acquainted: | | | | | |
| PROGRAM ELIGIBILTY INFORMATION: | | | | | | |
| establish eligibility for program inclusion and report demographic info and will be used for r | state, federal government and foundations/grants. As such, we have to armation on participants served. Your information will remain confidential reporting purposes only. Tal source to list, please contact our staff at 785.842.3797 | | | | | |
| Please check all of the eligibility criteria tha | at apply and provide details where indicated: | | | | | |
| Individualized Education Plan (IEP) or 504 Plan | Receiving or ever received Mental Health Services Please List Diagnosis & Mental Health Provider: | | | | | |
| Receive or eligible to receive food stamps | | | | | | |
| Have been or are currently involved in Juvenile Justice/Dept. of Correction Services | | | | | | |
| Reside in public or Section 8 housing or receive Housing Authority Services | Have taken or are currently taking medications for mental health diagnosis. Please list medications: | | | | | |
| Currently living with parents or guardians | | | | | | |
| Receiving or have ever received Vocational Rehabilitative (Voc Rehab) Services | | | | | | |
| Have been or are currently involved in truancy services | Other identified disability or need for supports. <u>Please list</u> : | | | | | |
| Have ever been in the foster care system | | | | | | |
| Pregnant or Parenting | | | | | | |

| QUESTIONS TO LEARN MORE ABOUT YOU: | | | | |
|---|-------------------------------|--|--|--|
| Where do you see yourself in the next year and a half? | | | | |
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| What are goals you'd like help achieving if hired to work in The Arts Train | ? | | | |
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| What do you feel like is the most important skill when working around ot | hers? | | | |
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| APPLICATION CERTIFICATION: | | | | |
| TAT Working Details: | | | | |
| | mid day spack broak provided | | | |
| Program Hours: Monday - Friday, 8:30am – 12:30pm; Morning and I Location: Van Go, Inc 715 New Jersey St., Lawrence, KS 66044 | Thu-day shack break provided. | | | |
| Eccation. Vali Go, Ilic 713 New Jersey St., Lawrence, K3 00044 | | | | |
| Applicant Printed Name: | | | | |
| Applicant Signature: | Date: | | | |
| QUESTIONS & APPLICATION SUBMISSION DETAILS: | | | | |
| Contact for Questions: Emma Givens, Employment Services Director – (785) 842-3797 / apply@van-go.org | | | | |
| To Submit Applications – Please return completed application in-person to: | | | | |
| Van Go, 715 New Jersey Street, Monday - Friday betwe | een 9:00 am – 5:00 pm | | | |
| Thank you for your application! | | | | |