

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:									
Name (First, Middle, Last):									
Preferred Name:				Preferred Pronouns:					
Date of Birth: Age:							Gender:		
Race/Ethnicity:				Social Security Number:					
How did you first hear about TAT?			arent/Family/Friend			Teacher/Counselor/Professional			
Website Social Media		Media	Poster/Fly		er		Other:		
CONTACT INFORMATION:									
Address/Street:			4		Ара	artment # (if applicable):			
City: State:			Zip Code:			County:			
Home Phone:			Cell Phone:						
Email Address:									
Emergency Contact's Name:									
Relationship:			Emergency Contact's Phone:						
EDUCATION & TRAINING:									
High School:				City/State:					
Did you graduate? Yes	No		lfı	no, hov	o, how many credits do you have left?				
Degree/Diploma earned:									
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:					

PRIOR EMPLOYMENT INFORMATION: (List previous empl	oyers if appl	icable)				
Have you worked/applied for Van Go before? Yes	No	lf 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 you	ır w <u>ork perf</u> o	ormance within the past five years)				
Full Name:						
Email Address:	Phone Number:					
Relationship:	Ν	umber of Years Acquainted:				
PROGRAM ELIGIBILTY INFORMATION:						
Van Go receives funding from a variety of sources, to include local, state, federal government and foundations/grants. As such, we have to establish eligibility for program inclusion and report demographic information on participants served. Your information will remain confidential and will be used for reporting purposes only. *If you have any questions about eligibility or a referral source to list, please contact our staff at 785.842.3797						
Please check all of the eligibility criteria that 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. <u>Please list medications</u> :					
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?					
What are goals you'd like help achieving if hired to work in The Arts Train?					
What do you feel like is the most important skill when working around ot	hers?				
APPLICATION CERTIFICATION:					
TAT Working Details:					
• Program Hours: Monday - Friday, 8:30am – 12:30pm; Morning and mid-day snack break provided.					
Location: Van Go, Inc 715 New Jersey St., Lawrence, KS 66044					
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 between 9:00 am – 5:00 pm					
Thank you for your application!					

Van Go, Inc. is an Equal Opportunity Employer.