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## **SAW Summer Youth Program Description**

Thanks to the Mayor, Thomas M. Menino, S.A.W. (Sisters@Work, Inc.) Summer Youth Program will commence in the summer of 2010. This work program will run for nine consecutive weeks beginning Monday, July 5, 2010 through Friday, August 29, 2010 (8:00am – 4:00pm). This program is designed for young women between the ages of 14-24 who reside in Roxbury, Dorchester, Mattapan, Jamaica Plain, Hyde Park and Roslindale.

The program will introduce young women of the Boston communities to construction trades, as well as life skills, work readiness, financial literacy, career exploration, post-secondary education options and health education. Workshops will be held on a weekly basis, which includes resume building, health and fitness, beauty, finance and “Building Green”. SAW Summer Youth Program will also contribute its time and services to the Boston communities by assisting with clean up of potential job sites, vacant lots, neighborhood parks and common spaces. Guest speakers will discuss an array of professions and the steps needed to succeed in today’s work force.

Each girl will be given a project (i.e. night stand, cabinet, chest, etc...) at the beginning of the program, the classes and workshops we provide will incorporate blueprints and building materials that will allow them to complete by the end of the program. They will have the option to keep it or donate to someone in need. They will also receive a saving bond upon completion of the program.

### **Goals:**

- Providing a safe environment that will not only be educational but also building self-esteem, respect for the workplace, themselves and others.
- Knowledge of a field that is under explored by females.
- “Go Green” – We not only have an obligation to keep our community streets clean and safe but to do our part for the environment.

- Showing the opportunities the community holds other than the violent environment they are unfortunately becoming accustomed to.
- To give them the knowledge that they have more choices in life other than the typical stereo type that they are exposed to on any everyday basis (i.e. gangs, videos, violence and drugs).

Given the significance of summer youth programs in the Boston communities as well as the need for more programs, SAW recognizes the value and impact that our summer youth program will have. This will allow SAW to give back to the communities by educating young women in a safe and nurturing environment, promoting an in-depth understanding of construction trades while strengthening our communities by improving constructive youth results for at-risk young women. The program is geared to prepare young women for a trade by assisting them to become competent in different sectors of the field. This will promote hands-on experience and give a profound look into opportunities that may not have previously existed outside of the summer program. **The mission of the SAW Summer Youth Program is simple, to guide inner city young women off the path of destruction onto a path of construction.**

**To participate in the program you must:**

- 1) Have health insurance
- 2) Live in one of the Boston inner city communities (Roxbury, Dorchester, Mattapan, Jamaica Plain, Hyde Park or Roslindale).
- 3) Female age 14-24

*SAW is not responsible for pickup and drop off of any participant outside the designated allotted time and location. (Location TBD)*



## SAW Summer Youth Program Eligibility Documentation



# CHECKLIST

Thank you for your interest in SAW Summer Youth Program 2010. The next step in the process is to submit your application with documentation to determine eligibility. You must submit this form checked off along with your application to before your eligibility can be determined: **SAW Summer Youth Program, P. O. Box 79 Roslindale, MA 02131, ATTN: MeChelle (Mikey) Myles**

- Proof of AGE** – Birth certificate OR Passport OR School Record OR Baptism Certificate OR Driver’s License OR Mass ID OR Alien Registration Card.
- Proof of HOUSEHOLD INCOME** – All income must be noted on application. All income noted on application must be verified with document(s) including benefit/wage amount for 2009. (EX: 2009 (1) pay stub with gross YTD amount, Government issued statement with 2009 benefits levels, etc.).
- Proof of FAMILY SIZE** – (documenting all members on the application) – Lease or Landlord Statement, Medical Card, Birth Certificates, Public Assistance, Most Recent tax Return.
- Proof of RESDIENCEY** – Any preprinted bill or letter postmarked in 2009 sent to your home in your name or in the name of someone listed on the application.
- Proof of CITIZENSHIP** – US Birth Certificate OR Alien Registration CARD AND Social Security Card (CANNOT SAY “not valid for employment”) OR US Citizenship Certificate OR I94 if not resident.
- Signed CORI RELEASE FORM** – Form to be included with the application or can be found on [www.mass.gov](http://www.mass.gov)
- Proof of GUARDIANSHIP** – If you are under the guardianship of someone other than person(s) listed on your birth certificate, please provide authorized documentation.

If you have any questions regarding this application, please call (617) 818-1929.

\*Submission of application does not guarantee acceptance in the program

\*Selection will be done by lottery.

### IF YOU ARA HIRED:

- ⇒ 14 or 15 years old will need working papers
- ⇒ 16 to 17 years old will need educational certificates
- ⇒ 18 to 24 years old will need to provide picture ID or other authorized identification.



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I hereby make this application on behalf of my  self  daughter  niece  other

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Next of Kin or Person for Emergency: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Health Insurance: \_\_\_\_\_  
List all Medications: \_\_\_\_\_  
List all Medical Conditions: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**PHOTOGRAPHS** Photographs may be taken of the participant during the course of the program, on and/or off work site and on field trips for use in advertisement, newsletters and articles about the program.  
 yes  no \_\_\_\_\_(initial)

**TRANSPORATION** I hereby give permission for my child, \_\_\_\_\_ to be transported to and from the designated work sites and/or on field trips during the duration of the program.  
 yes  no \_\_\_\_\_(initial)

**TERMS AND CONDITIONS OF THE PROGRAM** By signing I understand that I will be participating in a 9-week program, Monday-Friday. I will conduct myself in a professional manner and abide by all rules and regulations set forth.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM**

If you would like a copy of your own Massachusetts criminal record, complete this form, sign it in front of a notary public, and mail it, **along with a check or money order made payable to the Commonwealth of Massachusetts in the amount of \$25.00 pursuant to M.G.L. c.6, §172A** and a self-addressed stamped envelope to this agency. Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same. This agency's mailing address is: the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 ATTN: CORI Unit.

**Please be advised that it is unlawful to request or require a person to provide a copy of his criminal offender record information, except as authorized by the Criminal History Systems Board, as per M.G.L. c. 6 §172.**

_____			
Last name	First name	Middle name	
_____			
Maiden name	Alias	<b>ID Index Number (if applicable, not required)</b>	
_____			
Date of birth (MM/DD/YY)	Social Security Number (requested but not required)		
_____			
Mailing address	Town	State	Zip code

I hereby swear, under the penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief.

_____	
Signature of requestor	Date

**AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY**

\_\_\_\_\_, SS.

The above-named \_\_\_\_\_, appeared before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ and acknowledge the foregoing signature to be made of his or her own true free act and deed.

_____	
Notary public	Correctional Facility Official (give rank and title)
_____	
My commission expires	Correctional Facility Address and Phone

**AFFIDAVIT OF INDIGENCY<sup>1</sup>**  
Submitted with Personal Criminal Record Request

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and number) (City or town) (State and Zip)

Following the scheme of General Laws c. 261, §§ 27A et seq., applicant swears (or affirms) as follows:

**[Check only one.]**

1. Applicant is indigent in that he/she is a person:

\_\_\_\_\_ (a) who receives public assistance under Massachusetts Transitional Aid to Families with Dependent Children (TAFDC), Massachusetts Emergency Aid to Elderly, Disabled, and Children (EAEDC), Federal Supplement Security Income (SSI), Massachusetts MassHealth (formerly Medicaid), or Massachusetts Veterans' Benefits; **or**

\_\_\_\_\_ (b) whose income, less taxes deducted from his/her pay is \_\_\_\_\_ per week/month/year (circle period that applies), for a household of \_\_\_\_\_ persons, consisting of myself and \_\_\_\_\_ dependents; which income is at or below 125% or less of the current poverty threshold annually published in the Federal Register by the U.S. Department of Health and Human Services; [List any other available household income for the circled period on this line: \_\_\_\_\_] **or**

\_\_\_\_\_ (c) who is unable to pay the fees and costs without depriving himself or his dependents of the necessities of life, including food, shelter and clothing.

**IF YOU CHECKED (c), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.**

2. Applicant requests that the following fee be waived by the Criminal History Systems Board:

**\$25 fee for personal CORI request**

Signed under the penalties of perjury:

Signature of applicant: \_\_\_\_\_

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

**ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. IT SHALL NOT BE DISCLOSED TO ANY PARTY OTHER THAN AUTHORIZED CRIMINAL HISTORY SYSTEMS BOARD PERSONNEL.**

<sup>1</sup>This form was adapted from the form prescribed by the Chief Justice of the SJC under Massachusetts General Laws, chapter 261, §27B.

**SUPPLEMENT TO AFFIDAVIT OF INDIGENCY<sup>2</sup>**  
Submitted with Personal Criminal Record Request

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and number) (City or town) (State and Zip)

Under the provisions of General Laws c. 261, §§ 27A-G, the applicant swears (or affirms) as follows:

**1. PERSONAL INFORMATION**

(a) Date of birth: \_\_\_\_\_

(b) Highest grade attained in school: \_\_\_\_\_

(c) Special training: \_\_\_\_\_

(d) List any physical or mental disabilities: \_\_\_\_\_  
\_\_\_\_\_

(e) Number of dependents: \_\_\_\_\_

**2. INCOME AFTER TAXES (monthly)**

Gross monthly income: \$ \_\_\_\_\_

(a) If from employment, list your occupation and your employer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

(b) Source of income, if not from employment:

\_\_\_\_\_  
\_\_\_\_\_

(c) My gross annual income for the past twelve months was: \$ \_\_\_\_\_

<sup>2</sup>This form was adapted from the form prescribed by the Chief Justice of the SJC under Massachusetts General Laws, chapter 261, §27B.

(d) Gross Income (monthly): \$ \_\_\_\_\_

(e) Taxes Deductions (monthly)

Federal Tax: \$ \_\_\_\_\_ State Tax: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_ Health Insurance: \$ \_\_\_\_\_

Medicare: \$ \_\_\_\_\_ Pension: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Deductions (monthly):  
\$ \_\_\_\_\_

(f) Net Income (monthly) (gross income minus total deductions): \$ \_\_\_\_\_

(g) If applicant's spouse or any other member of applicant's household is employed, list occupation and name and address of his/her employer and monthly income after taxes:

\_\_\_\_\_

**3. NET INCOME (monthly):**

(a) Income After Taxes (from Line 2(f)):

(b) Expenses (monthly):

Rent or Mortgage: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_

Clothing: \$ \_\_\_\_\_

Utilities (electricity, gas, oil, water, telephone) \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_ Uninsured Medical Expenses \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_ Education Expenses for Children \$ \_\_\_\_\_

Other Expenses (i.e. transportation, laundry, car insurance, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Expenses (monthly):** \$ \_\_\_\_\_

(c) Net Income Minus Taxes and Expenses (monthly): \$ \_\_\_\_\_

**4. ASSETS**

(a) Own home? \_\_\_\_\_ Market value: \$ \_\_\_\_\_  
Balance owed \$ \_\_\_\_\_

(b) Own car? \_\_\_\_\_ Year and Make: \_\_\_\_\_  
Market value: \$ \_\_\_\_\_ Balance owed: \$ \_\_\_\_\_

(c) Bank Accounts (specify type and balance)

\_\_\_\_\_  
\_\_\_\_\_

(d) Other property including real estate (specify type and value)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. DEBTS**

(a) Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. MISCELLANEOUS**

(a) Other facts that may be relevant to applicant's ability to pay fees and costs?

\_\_\_\_\_

Signed under the penalties of perjury:

Signature of applicant: \_\_\_\_\_

Typed/Printed name of applicant: \_\_\_\_\_

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

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. IT SHALL NOT BE DISCLOSED TO ANY PARTY OTHER THAN AUTHORIZED CRIMINAL HISTORY SYSTEMS BOARD PERSONNEL.