

Intern Safety Form - YFI Summer 2024

Note: You must fill this form out with a legal parent/guardian unless you will be 18 years old by May 29, 2024.

Please fill out this form to tell us about your transportation plan, give us information about any medical conditions, and submit proof of COVID-19 vaccination (optional). After completing the form, please email it to internship@youthforcenola.org.

Intern First and Last Name: _____

Intern Email Address: _____

Please use the same email address on all forms. This should be the professional GMAIL address the intern will use throughout YFI.

Intern Date of Birth: ___ / ___ / ____

Name of Parent/Guardian* completing this form: _____

****Must match name on birth certificate or other proof of guardianship.***

INTERN TRANSPORTATION PLAN:

Transportation Information: How will you get to YFI training each day? (pick primary plan)

- intern's own car parent/family member drop-off bus and/or street car
 Uber/Lyft walk bike

How will you get to your YFI internship site each day? (pick primary plan)

- intern's own car parent/family member drop-off bus and/or street car
 Uber/Lyft walk bike

What is your backup transportation plan?

- intern's own car parent/family member drop-off bus and/or street car
 Uber/Lyft walk bike

Are there any other requirements or restrictions related to transportation that may potentially affect your ability to get to training or your internship? Please consider the availability of the person driving if relevant, access to a vehicle, ability to afford gas/parking, and the distance between your home and the location of various internship placements.

I acknowledge and agree with my child's plan for transportation:

Signature of Parent/Guardian _____ Date ____/____/____

Transportation Permission:

I hereby give permission for my child to ride in any vehicle driven by an approved and licensed ADULT chaperone as needed (in the event of an emergency, exceptional circumstance, or as required for successful participation at their internship) while attending and participating in activities sponsored by the YouthForce Internship program. Chaperones may include YouthForce staff or an internship supervisor.

Signature of Parent/Guardian _____ Date ____/____/____

SUPPORT INFORMATION:

Do you receive any learning supports or interventions at school (e.g. extended time, read-alouds, or abbreviated assignments)?

What language do you speak most often?

- English
- Spanish
- Vietnamese
- Hmong
- Haitian Creole
- Other (please specify) _____

What is the main language you speak *at home*?

- English
 - Spanish
 - Vietnamese
 - Hmong
 - Haitian Creole
 - Other (please specify) _____
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MEDICAL INFORMATION:

Do you have any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, etc.) which we should be aware of? Please be sure to include anything that we should consider in light of the COVID-19 pandemic (ie. immunocompromised, recently infected with COVID-19, etc). If so, please describe below:

Information Sharing Permission:

I give consent for the YouthForce team to share information collected during the enrollment process (including details related to COVID 19 vaccinations, emergency contact information, etc) with the internship company/supervisor where the intern is placed.

Intern's Signature _____ Date ____/____/____

Signature of Parent/Guardian _____ Date ____/____/____

COVID Safety Requirements YouthForce Participation Permission:

I have read and understand YouthForce Internship (YFI)'s COVID-19 vaccine policy for the Summer 2024 program ([linked here](#)).

Intern Signature: _____

Parent/Guardian Signature _____

Have you ever received one or more COVID-19 vaccines?

- Yes → go to the section just below
 - No, I have never been vaccinated against COVID-19
-

SUBMIT PROOF OF VACCINATION:

What COVID-19 vaccine did you receive?

- Pfizer
- Moderna
- Johnson & Johnson
- Novavax

Date of first dose: ____/____/____

Date of second dose (if applicable): ____/____/____

Have you received a COVID-19 booster shot?

- Yes
- No

What COVID-19 booster shot did you receive? (if you've received more than one booster, please answer based on your most recent shot)

- Pfizer
- Moderna

Date of your most recent booster shot (if applicable): ____/____/____

When you email your completed form to us at internship@youthforcenola.org, you MUST attach a clear photo of your proof of vaccination.

We can accept a copy of a CDC COVID-19 Vaccination Record Card, a screenshot of LA Wallet Smart Health Card (on App) or its equivalent from other states, a copy of record of immunization from a healthcare provider or pharmacy, a copy of immunization records from a public health, state, or tribal immunization information system, or a copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the healthcare professional or clinic site administering the vaccines.