



**COMPASS
YOUTH**
collaborative

PARTNERSHIP APPLICATION

COMPASS Youth Collaborative, Inc. is an affirmative action/equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identification or expression, sexual orientation, veteran status, intellectual disability, mental disability or physical disability including, but not limited to, blindness, unless such disability prevents performance of the

PERSONAL INFORMATION

Agency Name

Street Address **City** **State** **Zip Code**

Telephone Number **Alternative Number**

Email Address

INTERESTS & EXPERIENCE:

What interests you in working with COMPASS? What are your expectations in working with us?

Have you worked with high-risk youth? If so, what was your experience? If not, what other relevant experience do you have?

Specialty training or skills?

PREVIOUS EXPERIENCE IN OTHER NON-PROFITS:

Name of Organization/Agency: _____

Dates: _____

Contact Person : _____

Duties Performed:

Name of Organization/Agency: _____

Dates: _____

Contact Person : _____

Duties Performed:

Name of Organization/Agency: _____

Dates: _____

Contact Person : _____

Duties Performed:

AVAILABILITY:

Please specify your general availability (i.e., morning, afternoon or evening)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

What site would you like to partner with? Check as many as you want

____ COMPASS Peacebuilders (Sheldon Oaks/Martin Street)

____ Dwight/Bellizzi Studies Academy

____ Burns Latino Studies Academy

Indicate what foreign languages you speak, read and/or write

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of partnership opportunities, or dismissal from partnership work regardless of when or how discovered.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date