

Training Opportunities Program (TOP) 2020 – 2021 Student Application

Please note that in order for your application to be processed copies of the following documents must be submitted* with this application:

- Picture ID (can be school ID, NYC ID, NYS ID, or driver's license)
- U.S. Birth Certificate or proof of current Alien Resident status or work permit
- Signed Social Security card (Optional)
- Current working papers
- Proof of disability (IEP cover page)

* Required documentation from previous years may be eligible for use. Please confirm with your borough TCAC Office.

Student Information

Full Name: _____

Date of Birth: _____ Identified Gender: _____

Student e-mail address: _____

School (DBN): _____ Grade: _____

OSIS: _____ Number of credits YTD: _____

Social Security # (optional) : _____ Ethnicity (optional): _____

Career interest(s): _____

Program Model: _____

Worksite Information

TOP Liaison: _____ TOP Liaison Email: _____

Worksite Name: _____ Intern Title: _____

Site Supervisor if different from TOP Liaison: _____

Title: _____

Phone number: _____ Site Supervisor Email: _____

Task(s)/Brief Description: _____

Student Acknowledgement

- I understand that I will only receive payment for work-based learning experiences if my application is complete.
- I understand that the hours I complete during my internship can be counted toward the Career Development and Occupational Students (CDOS) Commencement Credential if applicable.
- I will adhere to the expectations and guidelines of my work-based learning program.
- The information above is true and complete.

Student Signature

Date

Parent/Guardian Information

Full Name: _____

Relationship to participant: _____ Phone number: _____

Full Address: _____

Parent/Guardian e-mail address: _____

Secondary Contact

Name: _____

Relationship to participant: _____ Phone number: _____

Full Address: _____

Secondary Contact e-mail address: _____

Parent/Guardian Acknowledgement

I agree to allow my child to participate in the Training Opportunities Program (TOP).

Signature of parent/guardian
(Required if student is under 18)

Date

Optional Consent to Photograph or Film for Non-Profit Use

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or videotapes of the student named above by the Division of Specialized Instruction and Student Support (DSISS). I also grant to the DSISS the right to edit, use and reuse said products for nonprofit purposes including use in print and all other forms of media. I hereby release the NYC DOE and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Student signature

Date

Signature of Parent/Guardian
(Required if student is under 18)

Date