

RANCHO CIELO YOUTH CAMPUS



APPLICATION 2024/2025

You must fill out this application completely and legibly to be considered for our program. If you have any questions, please call (831) 444-3561.

First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Email:
Emergency Contact Name:	Emergency Number:	
Date of Birth:	Age:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Nonbinary

How did you hear about our program? (Check all that apply)
 Flyer Radio Banner Probation Friend/Family RC Friend Other:

Please indicate which program you are most interested in. **PICK ONLY ONE**

Ag Technology/Mechatronics: 16-24yrs
 Auto/Diesel Repair: 16-24yrs
 Construction Academy: 16-24yrs
 Culinary Academy: 16-24yrs
 Welding/Fabrication: 16-24yrs
 Youth Corps: 18-24yrs

Ethnicity:
 Hispanic Caucasian Asian African/American Native American Other:

Is English the main language spoken in your household?
 Yes No (Specify which one is): _____

If no, how often does communicating in English cause problems for you at work or at school?
 Sometimes Seldom Never

Marital Status:
 Married Divorced Separated Widowed Never Married

Number in Family (Including yourself): _____

Do you live with a parent or guardian? Yes No
Are you in need of housing? Yes No
Are you/have you ever been in Foster Care? Yes No
Do you have a CASA mentor? Yes No
Are you or your family Field Workers Yes No

Where Do You Live?

<input type="radio"/> House or Apartment (not public housing)	<input type="radio"/> Public Housing
<input type="radio"/> Homeless Shelter	<input type="radio"/> Group Home
<input type="radio"/> Halfway House	<input type="radio"/> Work Release Program
<input type="radio"/> Homeless	<input type="radio"/> Other:

Do you have children? <input type="radio"/> Yes <input type="radio"/> No If yes, how many? _____ Do you have childcare? <input type="radio"/> Yes <input type="radio"/> No	Child's Name & DOB:	Do they live with you? <input type="radio"/> Yes <input type="radio"/> No
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Do you have transportation? <input type="radio"/> Bus <input type="radio"/> Car <input type="radio"/> Other	Will you need transportation? <input type="radio"/> Yes <input type="radio"/> No
Do you have a Driver's License? <input type="radio"/> Yes <input type="radio"/> No	Class: _____ Exp. ____/____
License #: _____	

Currently receiving food stamps
 Currently receiving TANF or Cash Aid
 Currently receiving SSI (Supplemental Security Income)
 Currently have Medi-Cal or other health care services Health Care Provider: _____
 Currently receiving SDI (State Disability)
 Currently receiving Child Support
 Other Benefits

MUST SHOW FAMILY TAX RETURNS FOR CURRENT YEAR (COPY)

PART B: EDUCATIONAL INFORMATION

Are you currently attending school? Yes No
 Are you a high school graduate? Yes No
 Have you obtained your GED? Yes No
 Do you have an IEP? Yes No

Year you last attended school: _____ Highest grade completed: _____

Name and address of last school attended: _____

Have you ever been in another training program? Yes No If yes, please give name and location of program: _____
 Did you complete the program? Yes No

PART C: EMPLOYMENT INFORMATION

Select the option that best describes you:

Current or Last Employment:

Currently Employed Not Employed Laid-Off Fired Quit my job

PART D: LEGAL BACKGROUND (Answering yes will not necessarily disqualify you)

Have you ever been arrested? Yes No

Have you ever been convicted of a crime? Yes No

If yes, state if it was a misdemeanor or a felony, describe and include dates and status of all cases: _____

Are you on probation? Yes No

Name and phone number of officer: _____

Are you on parole? Yes No

Name and phone number of officer: _____

Are you currently, or have you ever been affiliated with a gang? Yes No

PART E: HEALTH INFORMATION

Our vocational training program may include carrying heavy objects and other physical demands.

Are you able to carry heavy objects or do physical labor? Yes No

Do you have any health, physical or medical problems? Yes No

If yes, please describe: _____

Do you have a regular medical doctor? Yes No

Are you currently seeing a therapist/behavior health professional? Yes No

Are you supposed to wear eyeglasses? Yes No

Do you have Asthma? Yes No

Diabetes? Yes No

Do you smoke? Yes No

Are you pregnant? Yes No

Are you currently in a program, or need counseling, for an addiction such as cigarettes, alcohol, or drugs? Yes No

In signing this application, I certify that all statements made in this application are true and correct. I agree and understand, and that any misinformation can result in termination from my enrollment into the Rancho Cielo Program.

Signature

Date

Please submit your application to:
 Rancho Cielo Youth Campus
 Mailing Address: P.O. Box 6948, Salinas CA 93908
 Physical Address: 710 Old Stage Rd, Salinas CA 93908
 Phone: (831) 444-3561 • Fax: (831) 444-3550 • Email: recruitment@ranchocieloyc.org