

RANCHO CIELO YOUTH CAMPUS



APPLICATION 2025/2026

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/Classic Car Restoration: 16-24yrs
☐ Construction & Sustainable Design 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?

☐ House or Apartment (not public housing)

☐ Public Housing

☐ Homeless Shelter

☐ Group Home

☐ Halfway House

☐ Work Release Program

☐ Homeless

☐ Other:

Do you have children? ☐ Yes ☐ No

If yes, how many? _____

Do you have childcare? ☐ Yes ☐ No

Child's Name & DOB:

Do they live with you?

☐ Yes ☐ No

Do you have transportation? ☐ Bus ☐ Car ☐ Other

Will you need transportation? ☐ Yes ☐ No

Do you have a Driver's License? ☐ Yes ☐ No

License #: _____

Class: _____ Exp. ____/____

☐ 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