



COUNTY OF LOS ANGELES  
DEPARTMENT OF PARKS AND RECREATION  
YOUTH EMPLOYMENT PROGRAM



## AT-RISK YOUTH – VERIFICATION FORM

***THIS IS NOT AN APPLICATION, APPLICATION MUST BE COMPLETED ON-LINE***

***THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION***

***or within 15 calendar days from the bulletin closing date. Please see bulletin for exact deadline.***

**NOTE: Please keep a copy of this form, for your records. Original, complete form will be requested at the time of appointment.**

### AT RISK DEFINITION & VERIFICATION GUIDELINES

Youth must be Identified as at-risk youth\* and referred for employment via **THIS FORM** or **LETTER OF VERIFICATION** by Los Angeles County's DCFS, DCSS, DPSS, Probation Department, other state or local government with similar programs for at-risk youth, or a school district, community college district or other bona fide educational institution.

**\*Definition of at-risk youth:** An individual is considered to be an at-risk youth for the purposes of Proposition A (Safe Neighborhood Parks Proposition of 1992 and 1996) if he/she is between 14 and 24 years of age and meets the following definition:

Any individual who **is involved in OR is at risk of involvement in** any of the following: *drug and/or alcohol abuse, adolescent pregnancy, single parenthood, physical and/or emotional abuse, gang activity, violence and vandalism, poverty, family unemployment, truancy, and academic performance below grade level, or failing to complete high school.*

**VERIFICATIONS CANNOT BE MADE BY DEPARTMENT OF PARKS & RECREATION STAFF OR FAMILY OF CANDIDATE.**

### VERIFYING ORGANIZATION

***I certify that the below named individual has been identified as an At-Risk Youth as defined above.***

AGENCY/ORGANIZATION NAME:	PROGRAM NAME:	DATES OF PARTICIPATION From: To:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
REPRESENTATIVE NAME (Print):		REPRESENTATIVE TITLE:	
REPRESENTATIVE SIGNATURE:		DATE:	TELEPHONE:

### YOUTH INFORMATION

FIRST NAME:	M.I.:	LAST NAME:	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:	DATE OF BIRTH:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
TELEPHONE:		ALTERNATE TELEPHONE:	

Candidates also have the option to submit a **Letter of Verification** verifying participation in either **Independent Living Program** or **Cal Learn Program** administered by the County of Los Angeles Departments of Children and Family Services, Probation, or Public Social Services; instead of this verification form.

2018 J Kennington



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**Instructions for submitting this form:**

Forms must be completed before submitting. This includes all boxes and a hand written signature by the verifying organization representative. *Incomplete forms will not be accepted and will result in a rejected application.*

**Submission Options:**

Options A or B are the preferred ways to submit your form. The department is not responsible for any forms lost (*i.e. sent to the wrong email address, mailing address, or lost mail*).

- a. **Attachment**: scan and upload to your application.
- b. **Email**: scan the completed form as an attachment to [jkennington@parks.lacounty.gov](mailto:jkennington@parks.lacounty.gov).
- c. **In person**: drop off the completed form to the below address.

The Alhambra Campus  
County of Los Angeles Department of Parks and Recreation  
Human Resources  
1000 S. Fremont Ave.  
Bldg. A9-West, 1<sup>st</sup> Floor  
Alhambra, CA 91803

Office hours: Monday – Thursday 7:30 AM – 5:30 PM. Our office is closed Friday, Saturday, Sunday and holidays.

Please note parking is available on site and ranges from \$1-\$3 depending on how long you are onsite.

- d. **Mail**: the completed form to the below address.

County of Los Angeles Department of Parks and Recreation  
Attn: HR: Exams  
1000 S. Fremont Ave. #40  
Alhambra, CA 91803

**Note for any option you MUST include your full name, the full exam title and the exam number on the top of the form.**