Dear Applicant:

If you are between the ages of 16 and 24, need to work on your High School Diploma (or equivalent),
and want to make major changes in your life, then complete the attached documents and return
them to Operation Fresh Start.

If you are under age 18, you must be enrolled in your school district and talk to the guidance
counselor at the high school in your district to get a referral for the Operation Fresh Start program.

An applicant MUST be a citizen, national or lawful permanent resident of the United States.

In order to be eligible to interview for the program, follow this application process:

1. In person, come to Operation Fresh Start at 2670 Milwaukee Street in Madison to turn in your
application.

2. After your initial visit, call Bill Kean or Greg Miller at 608.244.4721 to follow up on your
application and request an interview.

3. If you receive an interview, you must bring the following documents to be eligible for the
program. You will not be allowed to begin the program without these documents.
   a. **Official Birth Certificate** – it must be a certified copy. Birth registration or hospital
certificates are not acceptable.
   b. **Valid Government-issued Photo ID** – driver’s license or state ID accepted.
   c. **Government-issued Social Security Card** – copies are not acceptable.

4. If you are accepted into the program, you will be required to complete an income verification.
   Some income restrictions apply.
OFS Legacy Program Application

Please print neatly using blue or black ink. Use your name as it appears on your official identification. An applicant MUST be a citizen, national or lawful permanent resident of the United States.

Background and Contact Information

Name: ____________________________________________

Street Address: ____________________________________________________________________________

City: __________________________ State: _____________ ZIP Code: ___________

Age (Circle One): Under 18 (16 or 17) 18 or Over (18 to 24)

Primary Phone Number: _____________________________________________________________________

Secondary Phone Number: ___________________________________________________________________

Personal E-mail Address: ___________________________________________________________________

Is there another way we can reach you? Please provide details below:
________________________________________________________________________________________

Emergency Contact Name and Relationship to you:
________________________________________________________________________________________

Emergency Contact Phone Number: __________________________________________________________

Legal Guardian or Parent Name and Relationship to you (If under 18):
________________________________________________________________________________________

Parent or Legal Guardian Phone Number: ______________________________________________________
How did you learn about the OFS Legacy Program? Check all that apply:

☐ Current or Former OFS Member  
☐ Family or Relative  
☐ Friend  
☐ School counselor or other school staff  
☐ OFS OPTIONS Program  
☐ OFS Website  
☐ Social Media (Facebook, Twitter, or Instagram)  
☐ Flyer  
☐ NIP Worker, County Social Worker, or Probation or Parole Officer  
☐ Other: ___________________________

What is the name of the last high school you were enrolled in?

________________________________________________________________________________________

Name of person at school who referred you (if currently enrolled):

________________________________________________________________________________________

Do you have a high school diploma, GED, or HSED?

________________________________________________________________________________________

What is the last grade you attended?

________________________________________________________________________________________
Household Information

How many people currently live in your household (including you)?: [Circle]

1  2  3  4  5  6  7  8 or more

Do you (or anyone in your household) receive FoodShare?: Yes or No

Please mark the income range of all the members of your household:

$0 - $35,150
$35,151 - $40,200
$40,201 - $45,200
$45,201 - $50,200
$50,201 - $54,250
$54,251 - $58,250
$58,251 - $62,250
$62,251 - $66,300
$66,301 +

Work History

Name of Last Employer: ________________________________  Job Title: ____________________________

Employer Address: ______________________________________________________________________

Start Date: ______________  End Date: ______________  Hours/Week: ______________

Reason for Leaving: ______________________________________________________________________

E-mail Info

Personal Email Address (not a school address): ______________________________

Do you know the password for this e-mail?  Yes  No  Not Sure

Do you know which phone is associated with this e-mail?  Yes  No  Not Sure
Applicant Statement and Permissions

I verify that all information provided on this application is true and correct to the best of my knowledge.

I give permission for Operation Fresh Start (OFS) to verify my eligibility for services. I give permission to OFS to conduct an FBI Fingerprint Check and State Criminal History Check as required by partners. The results of these checks will only be used to determine program eligibility and will be stored in a secure location. I understand that I will be provided a reasonable opportunity to review and challenge the factual accuracy of the results before action is taken to exclude me from the program.

If accepted into the program, I give permission to Operation Fresh Start to determine eligibility and enrollment in services and programs funded by OFS contracted partners. These services include but are not limited to those offered by the U.S. Department of Labor, AmeriCorps (CNCS), FoodShare Employment Training, and the Workforce Innovation and Opportunity Act.

I give permission to OFS and its contracted partners to use my information for record management, program assistance and evaluation. This release is effective for 3 years from the date signed, or until revoked in writing.

If accepted into the program, I understand that I will be required to complete the following as part of the standard program requirements:

- High School Diploma (or equivalency)
- First Aid/CPR certification
- OSHA 10 certification
- Selective Service registration (if eligible)
- Voter registration (if eligible)
- Driver’s License or develop Driver’s License Attainment Plan

If accepted into the program, I give permission to be photographed, videotaped, interviewed, recorded and/or televised. Any or all of the above media representations may be used by Operation Fresh Start and its contracted partners, including YouthBuild U.S.A., The Corps Network, and the Corporation for National and Community Service.

________________________________________  __________________________
Applicant Signature                      Date

________________________________________  __________________________
Legal Guardian/Parent Signature           Date

________________________________________  __________________________
Printed Name of Legal Guardian/Parent       Relationship to Applicant