Fall JAMS 2025 Information

What: Work with a group of 20 Apprentice Artists creating unique artwork and earning a paycheck in Van Go's arts based, on-the-job training program!

Where: Work will be onsite at Van Go, 715 New Jersey Street, Lawrence, KS 66044

When:

- Monday, September 22nd Thursday, November 13th, 2025
- Work hours: Mondays, Tuesdays & Thursdays, 3:45pm-6:00pm, Wednesdays 3:00pm-6:00pm (approximately 10 hours per week for 8 weeks).
 - Free transportation is available from FSHS and LHS to Van Go on Mondays,
 Tuesdays and Thursdays
 - o An afterschool snack is provided daily

Requirements:

- You must have at least one qualifying factor as indicated on the application
- To be considered, you must be able to attend <u>all</u> scheduled workdays (i.e. no conflicting vacations, school activities, other jobs, etc.)
- You must be 14-18 years old.
- You must live in Douglas County.
- You must bring a positive attitude to work with you, be cooperative and willing to WORK HARD each day.

How to Apply:

- ✓ Applications Available: Starting Thursday, August 7th, 2025
- ✓ Applications can be obtained through one of our referral agents (i.e. School counselors or social workers, Bert Nash, DCYS, O'Connell Children's Shelter, LDCHA, and other youth service organizations) or by contacting Van Go directly.
- ✓ Applications should be submitted in person or via email to apply@van-go.org
- ✓ Application Deadline: Friday, August 22nd, 2025 by 1:00pm.

Questions: Contact Emma Givens, Employment Services Director Van Go, Inc. (785) 842-3797 / apply@van-go.org / www.van-go.org





Van Go, Inc. – JAMS Apprentice Artist Application

JAMS is more than just a job – We put art to work and spark what is possible through creative expression!

Thank you for your interest in working in Van Go's JAMS Program!
We are excited to find out more about you through this application and understand why you want to work for 8 weeks in a meaningful job creating art, learning & getting paid!

Van Go is dedicated to employing youth (ages 14-18) to create art, while providing comprehensive employability & life skills training, health & wellness education and social service supports.

GENERAL INFORMATION:													
Name (First, Middle, Last):													
Preferred Name:						Preferred Pronouns:							
Date of Birth: Age:								Gender:					
Race/Ethnicity:					Social Security Number:								
How did you first hear about JAMS? ☐ Parent/Fa					mily/Fr	mily/Friend			☐ Teacher/Counselor/Professional				
☐ Website ☐ Social Media				edia	☐ Poster/Fly			yer	☐ Other:				
CONTACT INFORMATION	:												
Address/Street:							Apartment # (if applicable):						
City:	State:				Zip C	ode:		County:					
Home Phone:					•	Cell F	Cell Phone:						
Email Address:													
School:					Curre	Current Grade:							
Parent/Guardian Name(s):													
Relationship:					Pare	Parent/Guardian Contact Phone:							
						,							
PRIOR EMPLOYMENT INF	ORN	NATI	ON:										
Van Go's JAMS Program is designed for participants with limited or no prior work experience. The program will provide participants with 'on-the-job' employability skills training employers value to increase their marketability and successes in future employment settings.									mployability				
Have you worked in a price	or JA	AMS :	sess	ion?	☐ Yes	□ No	If y	es, w	vhen:				
Did you complete the entire session?					Yes	□ No	If n	If no, why:					
Have you applied for JAMS before?					Yes	□ No	If y	yes, when:					
Do you have any prior work experience?				e? 🗆	Yes	□ No	_	If yes, please complete the following place you have worked:			g for each		
1) Employer Name:						Job Ti	tle:						
Supervisor Name:					Dates	Dates of Employment:							
Reason for Leaving:						•							

PRIOR EMPLOYMENT INFORMATION Continued:								
2) Employer Name:	Job Title:							
Supervisor Name:	Dates of Employment:							
Reason for Leaving:								
Have you worked for more than two employers?	☐ Yes ☐ No							
PROGRAM ELIGIBILTY INFORMATION:								
Van Go receives funding from a variety of sources, to include local, state, federal government and foundations/grants. As such, we have to establish eligibility for program inclusion and report demographic information on participants served. Your information will remain confidential and will be used for reporting purposes only. *If you have any questions about eligibility or a referral source to list, please contact our staff at 785.842.3797								
Please check all of the eligibility criteria that apply and provide details where indicated:								
☐ Individualized Education Plan (IEP) or 504 Plan Please list reason & Name of IEP Coordinator:	☐ Receiving or ever received Mental Health Services Please List Diagnosis & Mental Health Provider:							
☐ Live in a household that falls below the federal poverty line (i.e. food stamps, TANF, Medicaid, reside in Section 8/public housing or homeless)	☐ Have taken or are currently taking medications for mental health diagnosis. Please list medications:							
☐ Participate in or eligible for free/reduced lunch program	☐ Have been or are currently involved in Juvenile Justice / Dept. of Correction Services							
☐ Have had in the past or currently have a DCF Worker	☐ Have been or are currently in the foster care system							
☐ Have been or are currently involved in truancy services	☐ Pregnant or Parenting							
Other identified disability or need for supports<u>Please list</u>:	☐ None of these criteria apply							
CONTACT / REFERRAL SOURCE TO VERIFY ELIGIBLITY:								
Please provide the name and contact information for someone who can verify and/ the application review process, they may be contacted to provide additional details								
Contact/Referral Name: Relationship:								
Phone:	Email:							
QUESTIONS TO LEARN MORE ABOUT YOU:								
• What is your learning style? ☐ Visual Learne Please check all that apply: ☐ Verbal / Audi	· · · · · · · · · · · · · · · · · · ·							
Please list some specific things that will help you for environment:	cus and fully participate in a new learning							
Please share a story about a meaningful experience help us learn more about you and help make your a								

Describe what you are hoping to learn or gain from working in	the JAMS	Program	1? (150 words please)					
Do you have reliable transportation to and from Van Go?	☐ Yes	□ No	If 'no', please explain:					
ATTENDANCE & APPLICATION CERTIFICATIONS:								
JAMS 2025 Session Details:								
• Session Dates: Monday, September 22 nd - Thursday, November	13 th , 202	5						
• Program Hours: Mon, Tues & Thurs 3:45pm – 6:00pm, Wed 3:0								
Transportation to Van Go after-school is available on Mondays, Tuesdays & Thursdays								
• Location: Van Go, Inc 715 New Jersey St., Lawrence, KS 66044								
• Application Review & Interview Selection Begins: Thursday, August 21st, 2025								
 Application Deadline: <u>Friday August 22nd, 2025 at 1:00pm</u> (see below for application submission details) 								
JAMS Attendance Statement: Van Go JAMS is an 8-week, 10 hour/week program. Regular and on-time attendance is necessary to get the full benefits of the program, including school credit, and complete all assigned work. There are no opportunities for 'make-up' days due to late arrivals or absences. As such, priority consideration will be given to applicants who are able to attend all scheduled JAMS days/hours. I will be available to attend each of the scheduled program days at Van Go (i.e. no conflicting school activities, travel plans, employment, appointments, etc. during the scheduled time frame). □ Yes □ No If 'no', please explain:								
Please sign below as an acknowledgement of the following:								
All of the information provided in your application is correct.								
You have read the JAMS 2025 Session Details listed above. You have read and a great to the JAMS Attackers of Statement listed a base.								
 You have read and agree to the JAMS Attendance Statement listed about Applicant Printed Name: 	ve.							
	Dot							
Applicant Signature:	Dat	e:						
PARENT/GUARDIAN APPLICATION CONSENT:								
 Please sign below as an acknowledgement of the following: All of the information provided in this application is correct. 								
 You have read the JAMS 2025 Session Details listed above and are in su 	pport of thi	s applicatio	on.					
You have read and agree to the JAMS Attendance Statement and the a								
Parent/Guardian Printed Name:	Rela	ationship) :					
Phone:	Ema	ail:						
Parent/Guardian Signature:	Dat	e:						
QUESTIONS & APPLICATION SUBMISSION DETAILS:	·							
Contact for Questions: Van Go, Inc. (785) 842-3797 / apply@van-	go org / w	ww van-g	on org					
To Submit Applications - Email completed applications to: apply@van-go.org								
Drop off applications: Van Go, 715 New Jersey Street, Monday - Friday between 9:00 am – 5:00 pm								
Thank you for your applica	tion!							