Van Go, Inc. – The Arts Train (TAT) Apprentice Artist Application

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

Van Go is dedicated to employing youth (ages 14-24) to create art, while providing comprehensive employability & life skills training, health & wellness education and social service supports.

The Arts Train (TAT) is Van Go's short-term employment program for young adults, ages 18-24, working towards employment, education or certification. TAT provides nine months of paid, on-site job training followed by an optional paid, off-site work placement matched with their career interests or skill set to help these young adults successfully transition to independence.

Thank you for your interest in this program!

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 TAT?	☐ **Parent/Family/Friend**	☐ **Teacher/Counselor/Professional**	
☐ **Website**	☐ **Social Media**	☐ **Poster/Flyer**	☐ **Other:**

CONTACT INFORMATION:			
Address/Street:		**Apartment # (if applicable):**	
City:	**State:**	**Zip Code:**	**County:**
Home Phone:		**Cell Phone:**	
Email Address:			
Emergency Contact's Name:			
Relationship:		**Emergency Contact's Phone:**	

EDUCATION & TRAINING:	
High School:	**City/State:**
Did you graduate? ☐ **Yes** ☐ **No**	**If no, how many credits do you have left?**
Degree/Diploma earned:	
College/University/Vocational School:	**City/State:**
Are you currently enrolled? ☐ **Yes** ☐ **No**	**Number of years completed:**
Did you graduate? ☐ **Yes** ☐ **No**	**Degree/Diploma earned:**

PRIOR EMPLOYMENT INFORMATION: *(List previous employers if applicable)*	
Have you worked/applied for Van Go before? ☐ Yes ☐ No	If yes, when:
Do you have any prior work experience? ☐ Yes ☐ No	
1) Employer Name:	Job Title:
Supervisor Name:	Dates of Employment:
Reason for Leaving:	
2) Employer Name:	Job Title:
Supervisor Name:	Dates of Employment:
Reason for Leaving:	
3) Employer Name:	Job Title:
Supervisor Name:	Dates of Employment:
Reason for Leaving:	

REFERENCE: *(List below one person who has knowledge of your work performance within the past five years)*	
Full Name:	
Email Address:	Phone Number:
Relationship:	Number of Years Acquainted:

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	☐ Receiving or ever received Mental Health Services Please List Diagnosis & Mental Health Provider:
☐ Receive or eligible to receive food stamps	
☐ Have been or are currently involved in Juvenile Justice/Dept. of Correction Services	
☐ Reside in public or Section 8 housing or receive Housing Authority Services	☐ Have taken or are currently taking medications for mental health diagnosis. Please list medications:
☐ Receiving or have ever received Vocational Rehabilitative (Voc Rehab) Services	
☐ Have been or are currently involved in truancy services	☐ Other identified disability or need for supports. Please list:
☐ Have ever been in the foster care system	
☐ Pregnant or Parenting	

QUESTIONS TO LEARN MORE ABOUT YOU:

- **What is your 1-year plan? What is your 5-year plan?**

- **Tell us about any barriers you're experiencing towards personal goals in education, employment or certification and what steps you've taken to address those barriers.**

- **What's the strangest food combination you've ever tried and liked?**

APPLICATION CERTIFICATION:

TAT Working Details:

- **Program Hours:** Monday - Friday, 8:30am – 12:30pm; Morning and mid-day snack break provided.
- **Location:** Van Go, Inc. - 715 New Jersey St., Lawrence, KS 66044

Applicant Printed Name:	
Applicant Signature:	**Date:**

QUESTIONS & APPLICATION SUBMISSION DETAILS:

Contact for Questions: Emma Givens, Employment Services Director – (785) 842-3797 / apply@van-go.org

To Submit Applications – Please return completed application in-person to:
Van Go, 715 New Jersey Street, Monday - Friday between 9:00 am – 5:00 pm

Thank you for your application!

Van Go, Inc. is an Equal Employment Opportunity employer & is provided to all people without regard to race, color, religion, gender, sexual orientation, age, national origin, ancestry, disability, genetic information, marital or veteran status, or any other legally protected status.