

Summer JAMS 2026 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, June 1st – Thursday, July 23rd, 2026
- Mandatory Benchmark celebration, Friday, July 24th, 2026
- Work hours: Mondays-Thursday, 9:00am – 2:30pm (approximately 22 hours per week for 8 weeks).
 - NO Transportation is provided in the summer
 - A breakfast snack and daily lunch will be provided.

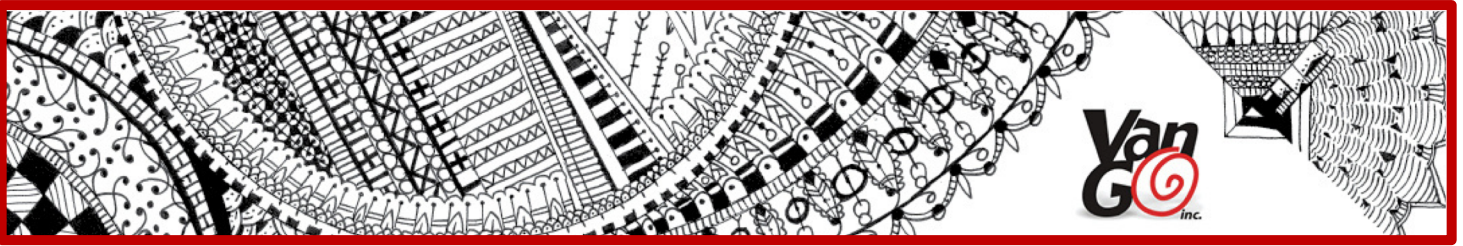
Requirements:

- You must have at least one qualifying factor as indicated on the application
- To be considered, you must be able to attend **all** 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 Tuesday, April 7th, 2026*
- ✓ 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:** *Thursday, April 23rd, 2026*

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?	<input type="checkbox"/> Parent/Family/Friend	<input type="checkbox"/> Teacher/Counselor/Professional	
<input type="checkbox"/> Website	<input type="checkbox"/> Social Media	<input type="checkbox"/> Poster/Flyer	<input type="checkbox"/> Other:

CONTACT INFORMATION:

Address/Street:		Apartment # (if applicable):	
City:	State:	Zip Code:	County:
Home Phone:		Cell Phone:	
Email Address:			
School:		Current Grade:	
Parent/Guardian Name(s):			
Relationship:		Parent/Guardian Contact Phone:	

PRIOR EMPLOYMENT INFORMATION:

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.

Have you worked in a prior JAMS session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when:
Did you complete the entire session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, why:
Have you applied for JAMS before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when:
Do you have any prior work experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please complete the following for each place you have worked:
1) Employer Name:		Job Title:	
Supervisor Name:		Dates of Employment:	
Reason for Leaving:			

Van Go, Inc. is an Equal Opportunity Employer.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROGRAM ELIGIBILITY 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:

<input type="checkbox"/> Individualized Education Plan (IEP) or 504 Plan <u>Please list reason & Name of IEP Coordinator:</u>	<input type="checkbox"/> Receiving or ever received Mental Health Services <u>Please List Diagnosis & Mental Health Provider:</u>
<input type="checkbox"/> 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)	<input type="checkbox"/> Have taken or are currently taking medications for mental health diagnosis. <u>Please list medications:</u>
<input type="checkbox"/> Participate in or eligible for free/reduced lunch program	<input type="checkbox"/> Have been or are currently involved in Juvenile Justice / Dept. of Correction Services
<input type="checkbox"/> Have had in the past or currently have a DCF Worker	<input type="checkbox"/> Have been or are currently in the foster care system
<input type="checkbox"/> Have been or are currently involved in truancy services	<input type="checkbox"/> Pregnant or Parenting
<input type="checkbox"/> Other identified disability or need for supports <u>Please list:</u>	<input type="checkbox"/> None of these criteria apply

CONTACT / REFERRAL SOURCE TO VERIFY ELIGIBILITY:

Please provide the name and contact information for someone who can verify and/or provide any necessary information regarding your eligibility for JAMS. During the application review process, they may be contacted to provide additional details to establish you are eligible for the program.

Contact/Referral Name:	Relationship:
Phone:	Email:

QUESTIONS TO LEARN MORE ABOUT YOU:

<ul style="list-style-type: none"> What is your learning style? Please check all that apply: 	<input type="checkbox"/> Visual Learner <input type="checkbox"/> Verbal / Auditory Learner	<input type="checkbox"/> Hands-on / Tactile Learner <input type="checkbox"/> Other (Please list):
<ul style="list-style-type: none"> Please list some specific things that will help you focus and fully participate in a new learning environment: 		
<ul style="list-style-type: none"> Please share a story about a meaningful experience, interest or person that, by sharing this story, will help us learn more about you and help make your application complete (200-300 words please): 		

- Describe what you are hoping to learn or gain from working in the JAMS Program? (150 words please)

- Do you have reliable transportation to and from Van Go? Yes No If 'no', please explain:

ATTENDANCE & APPLICATION CERTIFICATIONS:

JAMS 2026 Session Details:

- **Session Dates:** Monday, June 1st – Thursday, July 23rd, 2026; mandatory Benchmark celebration Friday, July 24th, 2026
- **Program Hours:** Monday-Thursday, 9:00am – 2:30pm (*Transportation is not provided in the summer; Daily lunch will be provided*)
- **Location:** Van Go, Inc. - 715 New Jersey St., Lawrence, KS 66044
- **Application Deadline:** **Thursday, April 23rd, 2026 by 5:30pm** (see below for application submission details)

JAMS Attendance Statement:

Van Go Summer JAMS is an 8-week, 22 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 2026 Session Details listed above.
- You have read and agree to the JAMS Attendance Statement listed above.

Applicant Printed Name:

Applicant Signature:

Date:

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 2026 Session Details listed above and are in support of this application.
- You have read and agree to the JAMS Attendance Statement and the availability response listed above.

Parent/Guardian Printed Name:

Relationship:

Phone:

Email:

Parent/Guardian Signature:

Date:

QUESTIONS & APPLICATION SUBMISSION DETAILS:

Contact for Questions: Van Go, Inc. (785) 842-3797 / apply@van-go.org / www.van-go.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 application!