



Bright Futures Application

Name: _____ Date: _____

How did you hear about the Bright Futures Program? _____

Eligibility Requirements:

Are you at least 18 years of age? Yes No

Are you a current resident of Chester County? Yes No

Can you identify yourself as a person who has received or is receiving services for a serious mental illness (substance abuse only is not acceptable)? Yes No

Employment/Education Goals:

I would like to explore the topics of work and career? Yes No Don't Know

I want: Paid work Volunteer work Education/Training Don't Know

I want to work: Full-time Part-time Don't Know

What kind of work are you interested in? _____

Why do you want to work? _____

I want to attend college to further my career goal: Yes No Don't Know

I want to attend a training school to further my career goal: Yes No Don't Know

Current Supports:

Are you currently receiving employment or education services?

Yes No If "yes," what agency? _____

Current Employment Information:

Currently employed Full-time Part-time Paid Volunteer

Start Date: _____

Job Title: _____

Schedule: _____

Employer Name: _____

Location (City, State): _____

OR

Currently unemployed for a continuous period of:

Less than 3 months 3 to 6 months 6 months or more

Reason for unemployment: _____

Employment History

Please include any and all work experience.

(Start with your most recent job and work backward; include paid and volunteer work.)

Job Title: _____	<input type="checkbox"/> Paid	<input type="checkbox"/> Volunteer
Dates of employment: From ____ / ____ / ____	To ____ / ____ / ____	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Schedule: _____
Employer/Company: _____	Location: _____	
Work Performed: _____		

What did you like about this job? _____		

What did you not like about this job? _____		

Reason for leaving _____		

Job Title: _____	<input type="checkbox"/> Paid	<input type="checkbox"/> Volunteer
Dates of employment: From ____ / ____ / ____	To ____ / ____ / ____	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Schedule: _____
Employer/Company: _____	Location: _____	
Work Performed: _____		

What did you like about this job? _____		

What did you not like about this job? _____		

Reason for leaving _____		

Job Title: _____	<input type="checkbox"/> Paid	<input type="checkbox"/> Volunteer
Dates of employment: From ____ / ____ / ____	To ____ / ____ / ____	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Schedule: _____
Employer/Company: _____	Location: _____	
Work Performed: _____		

What did you like about this job? _____		

What did you not like about this job? _____		

Reason for leaving _____		

Education History

Highest Level of Education Attained: _____
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- Master's Degree Bachelor's Degree Associate's Degree High School Diploma
 GED Certificate Other Please specify _____

Please include any school or training experience after high school.
 (Start with your most recent schooling/training and work backward.)

School/Training Program Name: _____
 Major/Course of Study: _____ Location: _____
 Dates Attended: From ____ / ____ / ____ To ____ / ____ / ____
 Full-time Part-time Schedule: _____
 Completed program Degree/Certification achieved: _____
 Did not complete program, reason: _____
 What did you like about this program? _____

 What did you not like about this program? _____

School/Training Program Name: _____
 Major/Course of Study: _____ Location: _____
 Dates Attended: From ____ / ____ / ____ To ____ / ____ / ____
 Full-time Part-time Schedule: _____
 Completed program Degree/Certification achieved: _____
 Did not complete program, reason: _____
 What did you like about this program? _____

 What did you not like about this program? _____

School/Training Program Name: _____
 Major/Course of Study: _____ Location: _____
 Dates Attended: From ____ / ____ / ____ To ____ / ____ / ____
 Full-time Part-time Schedule: _____
 Completed program Degree/Certification achieved: _____
 Did not complete program, reason: _____
 What did you like about this program? _____

 What did you not like about this program? _____

Bright Futures Schedule

All classes will be held from 10:00am to 12:30pm

**Classes will be held at Delaware County Community College- Exton Center,
 Whiteland Business Park, 906 Springdale Drive, Exton, PA 19341**

*The Certificate Celebration will be at Delaware County Community College- Main/Marple Campus
901 Media Line Rd, Media, PA 19063

Day/Date			Course Topic
Monday	September 16, 2019	10am-12:30pm	Orientation to Bright Futures
Wednesday	September 18, 2019	10am-12:30pm	Communicating Effectively
Monday	September 23, 2019	10am-12:30pm	Time Management
Wednesday	September 25, 2019	10am-12:30pm	Skills Assessment
Monday	September 30, 2019	10am-12:30pm	Writing Effective Goals
Wednesday	October 2, 2019	10am-12:30pm	Computer Class (Day 1)
Monday	October 7, 2019	10am-12:30pm	Computer Class (Day 2)
Wednesday	October 9, 2019	10am-12:30pm	Computer Class (Day 3)
Monday	October 14, 2019	10am-12:30pm	Resume Building
Wednesday	October 16, 2019	10am-12:30pm	Computer Class (Day 4)
Monday	October 21, 2019	10am-12:30pm	Job Application & Job Search
Wednesday	October 23, 2019	10am-12:30pm	Computer Class (Day 5)
Monday	October 28, 2019	10am-12:30pm	Mock Interviewing
Wednesday	October 30, 2019	10am-12:30pm	Stress Management
Monday	November 4, 2019	10am-12:30pm	Where Do We Go From Here?
Wednesday	November 6, 2019	10am-12:30pm	Certificate Award Celebration DCCC, Media PA

If you are accepted to the Bright Futures program, you will be expected to attend and participate in all scheduled classes.

I would be able to attend all classes listed above.

I would be able to attend some of the classes. Dates unable to attend and reason: _____

I would not be able to attend this schedule, but I would be interested in future courses.
Reason unable to attend schedule: _____

Preferred schedule for future classes: _____

Why do you want to attend Bright Futures?

What is your biggest challenge in attending Bright Futures?

How will you address this challenge?

Please tell us anything else that you would like us to know about you.

Please enclose a letter of reference with your application.

The letter may be a personal reference from anyone who can speak about your current career goals. For example: Case Manager, Therapist, Vocational Program Staff (clubhouse), Peer Specialist, other mental health support, co-worker or supervisor for paid or volunteer work, friend or peer participating in common hobby, social group, or team activity.

**Members of the Bright Futures Committee will not write reference letters.*

Contact Information: (All of the following personal information is strictly confidential and is not a determining factor for selection)

Name: _____ Email: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Other/Cell Phone: _____

What type of transportation do you plan to use to attend the course? (Please check all that apply)

Private Vehicle Public Transit Other (Please Specify) _____

If I am accepted to the Bright Futures Program, I would like to learn more about transportation options. YES or NO

****Important Notes****

- If you have any special needs that will require extra support in taking the course, please tell a Bright Futures representative.
- Applications will be reviewed by the Bright Futures Committee. Eligibility will be based on responses to the questions on the application. The intent of the application is to ensure curriculum is appropriate and effective for all individuals involved in the class.
- Class size is limited but there may be other opportunities to attend Bright Futures in the future. If the current class becomes full, please be encouraged to reapply for classes in the future.

In order to inform Delaware County Community College of your interest in attending Bright Futures, your application will be viewed by some of the teachers and staff of the school. Please sign below to indicate that you have been informed and agree to your application being submitted to Delaware County Community College's Bright Futures Program for review.

Applicant Signature: _____

Date: _____

Please Submit your application by ***Friday, August 30, 2019*** at one of the locations listed below:

Julie Gentile
Chester County MH/IDD
601 Westtown Road, Suite 340
West Chester, PA 19380
Phone: 610-344-4703
Fax: 610-344-5997
jgentile@chesco.org

Please Keep a Copy of Your Completed Application for Your Records