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**Prevention Works Pathways Program Application for Fall 2025 (September 18th- December 18th)**

**Program Details**: The Prevention Works Pathways Program is designed for

students aged 14-18. Participants will complete the equivalent of two hours of skills instruction and six hours of on-the-job training every week. The program focuses on substance use prevention and work ethic, life planning, financial management and core values that contribute to life-long productivity and employment.

Please return Application by September 7th, 2025

To NEW VISION, At 5 Frost RD Philippi, WV 26416 AND/OR

Mrs. Paula Daniels, At Philip Barbour High School

**Additional Program Information**:

* Pathfinders will be assigned a job coach.
* Work will be accomplished in the afternoons or at an agreed upon time with employers and participants.
* Pathfinders will be required to attend weekly trainings at the Epicenter on Chestnut Ridge Thursdays from 3:30-5:00. A van will be running to pick Pathfinders up from school to take them to training.
* Pathfinders will complete a life plan focusing on enhancing skill-building opportunities in vocational directions and lowering barriers to employment.
* Pathfinders **must** have an adult sponsor's recommendation to be considered for the position. The sponsor will be part of a support team for Pathfinders to maximize learning and support required to be successful. All sponsors must be 20 years of age or older and have an ongoing relationship with the Pathfinder. It is recommended that the sponsor be a friend, coach, or pastor. Family members can serve as a sponsor if someone else cannot be located.
* Transportation services can be provided for those with need.
* Pathfinders will be paid $9 per hour to start the work and learning. Raises are available depending on evaluations.
* Mid semester job evaluations will be conducted with the potential for increased pay for successful employment.
* All Pathfinders will be included as active members of the Bright Futures

Barbour County Youth Substance Use Prevention Coalition and support

prevention working organizations in the county.

* All Pathfinders will complete **MANDATORY** drug screenings each employment season to ensure compliance with the substance free policies of the organization. All findings will be held in confidence for discussion with Employment Success Coaches.
* In order for the program to be considered complete, Pathfinders must have a First Aid/CPR certification (September 27th), a food handlers license, and a drivers permit/license(based on age of student).
* New Vision is committed to helping young people who have a current drug use problem overcome any addictions and be successful in the prevention works employment program.
* The program is open to young women and young men and there are no additional pre-qualifications.
* The goal of the program is to continue to expand protective opportunities available to young people in Barbour County.

**Prevention Works Pathways Mentee Application**

(To Be Completed by the Parent/Guardian and Youth)

Personal Information

Mentee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female

Social Network(Circle those that apply)

Facebook Instagram Tiktok LinkedIn Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently own a driver’s permit or license? Yes No

Do you currently have a recognized personal ID? Yes No

Are you part of an extracurricular activity(sport, youth group, FBLA)?

Yes(please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

What is the best way to contact you? Cell phone Home phone Email Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Youth: Mother Father Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Youth: Mother Father Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Form (For Parent/Guardian)

Medical History:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Primary Care Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? Is so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor?

Releases (For Parent/Guardian)

Please read this carefully before signing:

New Vision and Prevention Works Pathways appreciates you and your child’s interest in his/ her becoming a work study student. This application is intended as a means of informing and gaining the consent of the parent/ guardian to allow their son/ daughter to participate in the Prevention Works

Pathways Program.

Please initial each of the following:

\_\_\_\_\_\_I give my informed consent and permission for my child to participate in the Prevention Works Pathways Program and its related activities.

\_\_\_\_\_\_\_\_I agree to have my child follow all mentoring program guidelines and understand that any violation on my child’s part may result in suspension and/ or removal of the program.

\_\_\_\_\_\_\_I hereby acknowledge that my child may be transported by his/ her mentor and/ or New Vision staff or representatives while participating in the Prevention Works Pathways Program, and that such transportation is voluntary and at his/ her own risk.

\_\_\_\_\_\_\_\_I release the Prevention Works Pathways Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/ her participation in the program, including but not limited to transportation, and hold harmless any New Vision program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_\_\_\_(Optional) I agree to allow New Vision to use any photographic image of my child taken while participating in the Prevention Works Pathways Program. These images may be used in promotions or other related marketing materials. By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

------------------------ SPONSORSHIP -----------------------------

Sponsor in the Preservation Works Pathways Program Responsibilities

The role of a sponsor in the Preservation Works Pathways program is crucial for providing career development for the mentee. Sponsors serve as listening ear and good counsel and solid emotional support and act as role models to help youth navigate their professional journeys.

**Responsibilities of a Sponsor**

* Develop and maintain a rapport with mentees through regular interactions.
* Offer work-related advice based on personal experience.
* Encourage mentees to set and achieve personal and professional goals.
* Assist mentees in developing specific skills related to their career goals (e.g.,communication, teamwork, critical thinking).
* Regularly check in with your mentees to monitor their progress.
* Help mentees adjust their goals and plans as necessary in response to their evolving interests and circumstances.
* Educate mentees on the importance of substance use prevention and healthy lifestyle choices.
* Be a source of encouragement and motivation for maintaining a drug-free life.
* Work collaboratively with program staff and other sponsors to enhance the overall mentoring experience. Keep in contact with Employment Success Coaches about youth.
* Advocate for the needs and interests of the youth in the program.
* Engage in volunteer opportunities, project collaborations, and competitions where youth are involved to observe their strengths and challenges.
* Create an open environment where mentees feel comfortable sharing their thoughts and concerns, which promotes better understanding.
* Participate in program workshops and group activities where youth can showcase their skills and interests
* Attend events planned by youth and celebrations focusing on youth

How Sponsors Know the Youth in the Program

Sponsors Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Youth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_