

# Young Worker Safety Resource Center

A project of the Education Development Center, Inc., and U.C. Berkeley Labor Occupational Health Program

## TEACHING YOUTH / PAYMENT REQUEST FORM

*(To be completed by teachers and other trainers who deliver training from Youth@Work to working teens.)*

Your name: \_\_\_\_\_

Name of school / organization: \_\_\_\_\_

Who do you want the check made out to?

\_\_\_ Yourself (include your Social Security Number) \_\_\_\_\_

\_\_\_ Your school (include Federal Tax ID Number) \_\_\_\_\_

Mailing address (where you want the check sent):

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Date of training(s): \_\_\_\_\_

Class / subject in which you used the curriculum:

- Work Experience
- Vocational Education/Career Tech; Subject: \_\_\_\_\_
- Transition/WorkAbility Program (for students with learning / cognitive disabilities)
- Academic Class; Subject: \_\_\_\_\_
- Job Prep / Training Program
- Other: \_\_\_\_\_

Grade level: \_\_\_\_\_

Number of hours trained (1 hour minimum required)\*: \_\_\_\_\_

Number of youth trained: \_\_\_\_\_

Number of these youth currently working: \_\_\_\_\_

(If unknown, please estimate)

What units did you use?

- |  |  |
|--|--|
| <input type="checkbox"/> Quiz                            | <input type="checkbox"/> Jeopardy                |
| <input type="checkbox"/> Video                           | <input type="checkbox"/> \$25,000 Safety Pyramid |
| <input type="checkbox"/> Hazard Mapping                  | <input type="checkbox"/> Role Play               |
| <input type="checkbox"/> Find the Hazards in the Picture | <input type="checkbox"/> Disaster Blaster        |
| <input type="checkbox"/> Labor Law BINGO                 | <input type="checkbox"/> Emergencies in the News |

