



## OPERATION CROSSROADS

Operation Crossroads was created to offer a constructive summer program for youth who were too young to work and too old for camp. This program was designed for youth at least 14 years of age, who are standing at crossroads of life, moving from childhood to adulthood. To gain the necessary skills to be ready for the world of work, Operation Crossroads consists of three (3) components:

1. Educational
2. Cultural
3. Work Experience

Operation Crossroads operates under the supervision of trained youth development professionals who work with the participants for a period of five (5) to six (6) weeks. Participants are assigned to a work site two days each week where they work under the supervision of experienced, professional personnel. Two other days of each week are spent in a classroom setting. Basic job readiness skills including applying for a job, preparing a resume and interviewing skills and etiquette are covered. Each Friday, the program takes trips to various educational, cultural and recreational venues. In addition, guest speakers are invited into the classroom to share information about ways to reach educational, vocational and professional goals.

Participants of Operation Crossroads are required to be fully involved, exhibit good behavior, enthusiasm, and a willingness to learn. Furthermore, *they are required to attend the program on a daily basis and show sufficient progress.* Upon completion of Operation Crossroads, the students will receive a stipend based on a performance evaluation. However, this stipend is only a small part of their reward. The goal of this program is to offer an enriching experience; one that helps them to develop a sense of responsibility, a positive attitude towards work, respect for themselves and their community and a greater awareness of the opportunities available to them.

There are two meetings which our parents and guardians are required to attend. The first meeting is our Parent/Guardian Orientation. This meeting gives the Operation Crossroads staff the opportunity to describe the Operation Crossroads program in greater detail. The second meeting is our Graduation Ceremonies where parents/guardians and other family members get the opportunity to witness the growth and development of their children.

Please complete the following application. Your completed application may be turned in to the TDYCC front desk, or to an Operation Crossroads Program Coordinator.

***TDYCC, The CORNERSTONE of Greenburgh***



**TOWN OF GREENBURGH**  
**Department of Community Resources**  
**THEODORE D. YOUNG COMMUNITY CENTER**  
 32 Manhattan Avenue ~ White Plains, New York 10607-1329  
 (914) 989-3600 (914) 682-2798 Fax  
[www.greenburghny.com](http://www.greenburghny.com)  
[tdycc@greenburghny.com](mailto:tdycc@greenburghny.com)



## OPERATION CROSSROADS APPLICATION

(Please print/type clearly)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_-\_\_\_\_-\_\_\_\_ GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ETHNICITY: WHITE: \_\_\_\_\_ BLACK: \_\_\_\_\_ HISPANIC: \_\_\_\_\_ OTHER \_\_\_\_\_

HOME TELEPHONE # ( ) \_\_\_\_-\_\_\_\_ POSITION OF INTEREST: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_

WORK EXPERIENCE: \_\_\_\_\_

VOLUNTEER EXPEREINCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE DO NOT WRITE BELOW THIS LINE**

INTERVIEWER COMMENTS:

INTERVIEWER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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**OPERATION CROSSROADS APPLICATION**

Please submit a typed 250 word essay *describing yourself* and *how Operation Crossroads can benefit you*. You may wish to include your hobbies, future goals and achievements. Be sure to check for grammatical errors, as this will be taken into account during the interview process.



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**André G. Early**  
*Commissioner*

**Paul J. Feiner**  
*Town Supervisor*

**Terrance V. Jackson**  
*Deputy Commissioner*

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

**APPLICANT CONSENT & RELEASE:** I, \_\_\_\_\_ do hereby authorize any individual, company, college, or agency with whom I have been associated to furnish the Town of Greenburgh, Theodore D. Young Community Center with any information concerning employability and income verification which they have on record. I hereby release you from any and all liability for any damage whatsoever incurred in furnishing such information

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**PLEASE LIST THREE REFERENCES: Should be someone who worked with you in a supervisory/advisory capacity.**

- 1). NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY,STATE,ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ Email: \_\_\_\_\_  
 RELATIONSHIP TO APPLICANT: \_\_\_\_\_
  
- 2). NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY,STATE,ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ Email: \_\_\_\_\_  
 RELATIONSHIP TO APPLICANT: \_\_\_\_\_
  
- 3). NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY,STATE,ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ Email: \_\_\_\_\_  
 RELATIONSHIP TO APPLICANT: \_\_\_\_\_

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**REFERENCE COMMENT SHEET**

**REFERENCE #1:**

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**REFERENCE #2:**

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**REFERENCE #3:**

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Reference checked by: \_\_\_\_\_  
Employee Name

\_\_\_\_\_ Date

*TDYCC, The CORNERSTONE of Greenburgh*