



**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  
tdycc@greenburghny.com



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# OPERATION CROSSROADS

Summer 2020

## Program Description

### Days/Dates/Times:

The 2020 Operation Crossroads Program will begin on Monday, July 13<sup>th</sup> and will run through Friday, August 7<sup>th</sup>.

### Structure:

There will be some structural differences from the “traditional” Crossroads Program. There will be 2 virtual sessions per week (conducted via Zoom). These sessions will take place on Mondays and Wednesdays from 10:00am – 11:30am. The topics of these sessions will include: basic job readiness skills including applying for a job, resume preparation, interviewing skills and workplace etiquette are covered during these sessions. Participants will be assigned tasks and will be expected to submit completed assignments via email.

### Internship Placement:

Participants in the 2020 Operation Crossroads Program will be placed on-site in the Theodore D. Young Community Center Senior Unit. There will be multiple placement options within the unit. Each participant will spend one day (4 hours) per week in their placement. The placement days will be Tuesday, Thursday and Friday.

### Stipend:

Each participant will have the opportunity to earn up to \$500.00 by the end of the program. Money will be earned through the participant’s attendance, participation, attitude, enthusiasm, work ethic and conduct (virtually and in-person).

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



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## **OPERATION CROSSROADS APPLICATION**

1. Please type directly on application using a desktop or laptop computer.
2. Please save the completed copy to your computer and email as attachment to [ddinkins@greenburghny.com](mailto:ddinkins@greenburghny.com)
3. You may attach essay separately.

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

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

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

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

ETHNICITY: WHITE: BLACK: LATINO: OTHER:

TELEPHONE # ( ) \_\_\_\_\_ - \_\_\_\_\_ **INTERNSHIP INTEREST:** \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Applicant's Signature  
(Please Type Name Here)

\_\_\_\_\_  
Parent/Guardian Signature  
(Please Type Name Here)

\_\_\_\_\_  
Date

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