



YOUTH APPLICATION

ESCAPE CAREER CONNECTIONS - THE FUTURE LOOKS BRIGHT!

please write neatly

First Name: _____ Last Name: _____

Gender (circle one): *Male / Female*

Birthdate (MM/DD/YY): ____ / ____ / ____

Email Address: _____

YOUR Cell Phone Number (if you don't have one, leave it blank): (____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

School You Attend: _____ T-Shirt Size: _____

Year In School (currently) (circle one): *8th 9th 10th 11th 12th*

Would you be interested in an internship, apprenticeship or job shadow at a local business/organization as part of this program? *Yes / No*

What type of job(s) or workplace(s) might interest you to do this (e.g. realtor, hospital, construction, retail, restaurant, insurance, anything else)? _____

What class(es) are you best at in school? _____

The program runs June 11-August 1, every T-W-Th. Are there any dates that you know you can not work? Which ones? _____

Do you have any allergies or conditions (e.g. asthma, bee allergy, food allergy, sensitivity to sun, etc.) that we should know about? _____

Parent/Guardian Full Name: _____

Parent/Guardian Phone Number: _____

**please return your completed application to ESCAPE Ministries office or to the email below as soon as possible and we will contact you for an interview.*

202 E. 32nd St Holland MI 49423 / escape-out.org / connections@escape-out.org

