



# YOUTH APPLICATION

ESCAPE CAREER CONNECTIONS - THE FUTURE LOOKS BRIGHT!

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Gender (circle one):** *Male / Female* **Birthdate (MM/DD/YY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**YOUR Cell Phone Number** (if you don't have one, leave it blank): (\_\_\_\_) \_\_\_\_\_

**Cell Phone Provider** (e.g. Sprint, Verizon, Boost, etc.) \_\_\_\_\_

**Parent/Guardian Full Name:** \_\_\_\_\_

**Parent/Guardian Phone #:** \_\_\_\_\_ **Phone Provider:** \_\_\_\_\_

**School You Attend:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

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

What type of job(s) might interest you (e.g. hospital, construction, retail, skilled trades, office, factory, farming, landscaping, restaurant, insurance, anything else)?  
\_\_\_\_\_

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

The program runs June 16-August 13, 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? \_\_\_\_\_

Why would we want to hire you? What strengths would you bring to a work team?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*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.*

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