

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address						Apartment/Unit #				
City			State		PA		ZIP			
Phone			E-mail Address							
Date of Birth			Social Security No.							
Are you a citizen of the United States?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked for this organization?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		If so, when?			
Have you ever been convicted of a felony?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes, explain			
EDUCATION										
High School			Address							
From	To	Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree				
College			Address							
From	To	Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree				
Other			Address							
From	To	Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree				
REFERENCES										
<i>Please list three professional references.</i>										
Full Name			Relationship				Address			Phone
Full Name			Relationship				Address			Phone
Full Name			Relationship				Address			Phone
Full Name			Relationship				Address			Phone
Full Name			Relationship				Address			Phone
Full Name			Relationship				Address			Phone
MENTORSHIP MEDIUM OF INTEREST										
MEDIUM			Yes/No				TYPE/INSTRUMENT/OTHER			
Music			Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Visual Art			Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Literature			Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Performing Arts			Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Other			Yes <input type="checkbox"/>		No <input type="checkbox"/>					
CLEARANCES										
TYPE			YES/NO				DATE			
Child-Line Clearance			Yes <input type="checkbox"/>		No <input type="checkbox"/>					
State Police Background Clearance			Yes <input type="checkbox"/>		No <input type="checkbox"/>					
FBI Clearance			Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Mandating Reporting			Yes <input type="checkbox"/>		No <input type="checkbox"/>					

Certification:

I certify that the above information is true to the best of my knowledge. I am aware that the information is subject to review and verification and I may not be able to participate if found to be ineligible. I allow release of this information for verification purposes and understand that it will be kept confidential and used to determine eligibility only.

Signature of Applicant

Date