

Ride and Decide Student Application

(Please print clearly)

Student Information	Name:	<input type="text"/>	Date:	<input type="text"/>	
	Address:	<input type="text"/>			
	City:	<input type="text"/>	Zip:	<input type="text"/>	
			Cell Phone:	<input type="text"/>	
	Email:	<input type="text"/>		Age on June 1:	<input type="text"/>
			GPA:	<input type="text"/>	
Parent Name:	<input type="text"/>	Cell:	<input type="text"/>		
Parent Name:	<input type="text"/>	Cell:	<input type="text"/>		

Parent/Guardian Email Address: _____

High School: Last full year of school completed? _____
(Soph., Jr., Sr., Graduate.)

Please tell us why you are interested in this program: _____

Do you have a scheduled vacation/sports camp/missionary trip for summer 2019? YES NO (circle one)

If yes, dates: _____ Who recommended you to this program? _____

Are you currently in or have you previously taken a CTE class? YES NO (circle one)

If yes, what class(es)?: _____

Have you completed a safety training program at school? YES NO (circle one)

What is the distance you are willing to travel to work: (miles) _____ Drive Self Parent Ride

Please check which months you are available to work: June July Both months

Which fields are you interested? ALL Plumbing Heating and Air Conditioning Electrical
 Automotive Retail/Sales Other: _____

If you attended the program in 2018, and would like to work for the same employer, list the name here: _____

To be eligible all of the following must apply: (please initial each that apply)

- ___ Be at least 16 years of age before starting the program
- ___ Completed at least your sophomore year of high school and have at least a C average with excellent school attendance
- ___ Be recommended to the program by a teacher, counsellor or PHCC member in writing
- ___ Obtain parental permission with a release for the PHCC (form on revers)
- ___ Adhere strictly to the attendance and employment regulations required by the employer
- ___ Adhere strictly to the TN Child Labor Laws (A copy will be provided to you)

Student Signature: _____ Date: _____

Fax completed form to 865-531-7045 or email to taphcc@bellsouth.net

(Parent or guardian- if student is under 18 years of age, must complete the reverse before submitting application).