

EAGER TO SERVE INC
YOUTH IN TRAINING PROGRAM
 Registration Application

Application instructions: <ul style="list-style-type: none"> Please print or type a separate application for each child Submit copy of report card Submit copy of medical form Enclose a non-refundable \$75 check or money order with each application, balance due by June 01 No refunds \$45 charge on all returned payment Students must complete the program to receive stipend 	For office use only TOTAL AMOUNT DUE: Payments \$ _____ Balance due \$ _____ Cash/Check/MO# _____ Payments \$ _____ Balance due \$ _____ Cash/Check/MO# _____
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Last Name	First Name	Age	Next Grade
Address		City	Zip Code
Telephone	Email	Parent's Work Phone	

Please indicate hours that you are available to work each day

Monday	Tuesday	Wednesday	Thursday	Friday
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Date available to start? _____

Education: List Elementary through High School

Name of School Attended	Dates (to/from)	Highest grade/level completed

Volunteer/Employment Experience:

Organization/Employer:	From (mo/yr):	To (mo/yr):
Supervisor:	Phone:	
Position:	Responsibilities:	

How did you hear about this computer camp? _____

Why do you want to train to be a counselor? _____

What grade would you like to work with (circle one) **K** **1** **2** **3** **4**

List hobbies, special skills and interest: _____

What career path do you plan to choose once you have graduated from High School?

Give the name and telephone numbers of three (3) references who are not related to you:

1. _____
2. _____
3. _____

Do you have any physical, mental or medical conditions, which may impair your ability to perform the work/learn position for which you have applied? _____. If yes, please explain _____

Have you ever been convicted of a crime, other than a minor offence? _____. If yes, please explain: _____

Emergency Contact person:

Name:	Relationship:	Phone:
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Student's Signature:	Date:
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Parent's Signature:	Date:
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For Office Use Only:

Program:	Supervisor:
Grade Level of Student:	Days/Hours: