



329 Harvest Lane, Suite 200 Williston, VT 05495  
802.658.4143 [www.resourcevt.org](http://www.resourcevt.org)

## Career Start Application

### *Trainee Information*

Trainee Name:		
Street:		
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	
Email Address:		
Preferred Method of Contact (cell phone, home phone, or email):		
School/Agency Name:	Date of Birth:	

### *School/Agency Information*

School/Agency Contact's Name :	Title:	
Phone Number:	Email:	
School/Agency Address (Street):		
City:	State:	Zip Code:

### *Family/Guardian Contact Information (will also serve as emergency contact)*

Name:	Relationship to you:	
Street:		
City:	State:	Zip Code:

Phone Number:
Email:

Have you ever had any work/volunteer experience?

(Circle one) YES      NO

If you answered yes, what is the name of the employer or organization where you've worked/volunteered and what dates were you there? Write in the space provided below.

Name of Employer/Organization	Dates of Employment

1. What do you hope to get out of this program?

2. What area would you like to work in?

- 1<sup>st</sup> choice \_\_\_\_\_

Why? \_\_\_\_\_

- 2<sup>nd</sup> choice \_\_\_\_\_

Why? \_\_\_\_\_

3. What days and times are you available? \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Comments: Please let us know any things that you and your teachers think we should know about you that will help you succeed: