

Christian A.C.R.E.S. Learning Academy
 Montgomery/Macon Counties
F.U.T.U.R.E. Agricultural Club
Youth Experiential Learning Form
(for high school students ages 14-18 years)

Christian A.C.R.E.S.
www.christianacres.org
learn@christianacres.org

Please email your completed form.

Cell #:

Please Print Clearly

First Name:		Last Name:	
City:	State:	Zip Code:	
Parent/Guardian name:		Parent/Guardian Phone # : ()	
Current School Name:	Current Age and Grade:	Email:	

Please list one job or volunteer work (Paid or Unpaid) That You Have Had In The Past (if any).

Employer	Work Description	Dates	Reason is ended.

Signed _____ Signed _____
 Parent or Guardian Applicant

Please answer all questions to the best of your ability.

Please Print Clearly

Are you comfortable and able to work outdoors doing physical labor? Yes or no.	
Do you plan to attend college? If so, where? What will be your major?	
What are your career goals?	

APPLICANT AND PHOTO RELEASE FORM

I _____ give the Christian A.C.R.E.S. the absolute right to use photographs or likenesses of the student named below in promotional, educational, or other materials related to the project. I understand that the photographs or likenesses may be used publications, print advertising, brochures, direct mailings, electronic media (e.g. video, web pages), or other materials. I release the Christian A.C.R.E.S., their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I or the subject may have in connection with such use.

Student Signature: _____

Parent Signature: _____ **Date:** _____