

Youth Ready to Work Job Training Program Application



Email completed form to exhilaratinginc@gmail.com.

Persona	l Identification								
Name:				Age:	Gender:	Mal	e Femal	le	
Race:	American Indian o	Alaska Nativ	ve	Ethnicity:	Non-Hispanic/L	atino	Hispanic/Lat	ino	
	Asian			Date of Bir	th:				
	Black or African An	nerican							
	Native Hawaiian o	ative Hawaiian or Other Pacific Islander							
	White or Caucasian	า							
	Other:								
Contact	Information								
Address:									
City:			Sta	te:		Zip:			
Home Phone:			Cel	l Phone:					
Email Add	lress:								
Parent/Gu	ıardian Name:								
Parent/Gu	uardian Phone:								
Primary Language Spoken:									
Other Lan	guage(s) Spoken:								
Education	on & Activities								
Name of Current School:				Grade Level:					
Address:									
City:			State:		Zip:				
Favorite C	lass/Course of Study	y:							
Awards or	Special Recognition	ns:							
Extra-Curi	ricular Activities:	Sports	Arts	Other:					



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Reference

Please include one non-related, adult reference.									
Name:	Job Title:								
Email Address:	Phone:								
Career and Vocational Interest									
Have you worked in a youth employment program before? Yes No									
If yes, when and where?									
What is your career goal or desired occupation?									
What skills do you wish to develop?									
How did you hear about this program? School	Website Friend/Family Email								
Family and Household Information									
Primary language spoken in the home:									
Do you have access to personal computer or Internet at home? Yes No									
Authorization									
Youth Worker Trainee Signature: Date									
Parent /Guardian Signature: Date:									

Exhilarating Inc.

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