

General Interest Form - The Skill Up Movement

Full Name: _____

Age: _____ Date of Birth: _____

School / Program (if applicable): _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Preferred Communication Method:

☐ Text ☐ Email ☐ Phone Call

 Areas of Trade Interest (Check all that apply):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Welding | <input type="checkbox"/> Auto Repair |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Barbershop / Hair |
| <input type="checkbox"/> Other: _____ | | |

 Prior Experience

Have you attended any trade-related program before?

☐ Yes ☐ No

If yes, please describe:

 What do you hope to learn or gain from this program?
